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## STATE OF ALABAMA

May 11, 2012

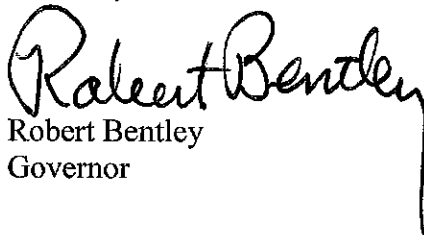
Wendy Pang, Grants Management Specialist  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20850

Attention: PATH Formula Grant (SM-12-F2)

Dear Ms. Pang:

Enclosed is the application for 2012 Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program funds for the state of Alabama. PATH funds are a priority for Alabama as they allow for the continuation of outreach, case management, and specialized services provided to individuals experiencing homelessness and who have a serious mental illness and/or co-occurring disorder(s). Your attention to this matter of importance is appreciated. If I may be of further assistance in completing the application for these funds, please do not hesitate to contact me.

Sincerely,

  
Robert Bentley  
Governor

RB/jlh

Enclosure

Application for Federal Assistance SF-424		
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>*If Revision, select appropriate letter(s):</b> <input type="text"/> <b>*Other (Specify)</b> <input type="text"/>		
<b>*3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> <input type="text"/>	
<b>5a. Federal Entity Identifier</b> <input type="text"/>		<b>*5b. Federal Award Identifier:</b> <input type="text"/>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>	
<b>8. APPLICANT INFORMATION</b>		
<b>*a. Legal Name:</b> <input type="text"/>		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="63-0506021"/>		<b>*c. Organization DUNS:</b> <input type="text" value="929956324"/>
<b>d. Address</b>		
<b>*Street1:</b>	<input type="text" value="100 North Union Street, RSA Union Building"/>	
<b>Street2:</b>	<input type="text"/>	
<b>*City:</b>	<input type="text" value="Montgomery"/>	
<b>County/Parish:</b>	<input type="text" value="Montgomery"/>	
<b>*State:</b>	<input type="text" value="Alabama"/>	
<b>Province:</b>	<input type="text"/>	
<b>*Country:</b>	<input type="text" value="United States"/>	
<b>*Zip/Postal Code:</b>	<input type="text" value="36130-1410"/>	
<b>e. Organizational Unit</b>		
<b>Department Name:</b> <input type="text" value="Alabama Department of Mental Health"/>		<b>Division Name:</b> <input type="text" value="Division of Mental Health and Substance Abuse"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>	<input type="text" value="Ms."/>	<b>*First Name:</b> <input type="text" value="Jessica"/>
<b>Middle Name:</b>	<input type="text" value="L."/>	
<b>*Last Name:</b>	<input type="text" value="Hales"/>	
<b>Suffix:</b>	<input type="text"/>	
<b>Title:</b>	<input type="text" value="Coordinator of Adult MI Services"/>	
<b>Organizational Affiliation:</b> <input type="text"/>		
<b>*Telephone Number:</b>	<input type="text" value="334-242-3200"/>	<b>Fax Number:</b> <input type="text" value="334-242-3025"/>
<b>*Email:</b>	<input type="text" value="jessica.hales@mh.alabama.gov"/>	

## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:

State Government

### Type of Applicant 2: Select Applicant Type:

### Type of Applicant 3: Select Applicant Type:

### \* Other (specify)

### 10. Name of Federal Agency:

SAMHSA

### 11. Catalog of Federal Domestic Assistance Number

93.150 (PATH)

### CFDA Title:

PATH

### \*12. Funding Opportunity Number:

RFA#SM-12-F2

### \*Title:

Projects for Assistance in Transition from Homelessness

### 13. Competition Identification Number:

N/A

### Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

### 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

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# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5. TOTALS		\$	\$	\$	\$	\$

## SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	FEDERAL (2)	NON-FEDERAL (3)	(4)	
a. Personnel	\$	407,828	\$ 78,542	\$	\$ 486,370
b. Fringe Benefits	\$	74,236	\$ 45,871	\$	\$ 120,107
c. Travel	\$	44,383	\$ 25,302	\$	\$ 69,685
d. Equipment	\$	0	\$ 3,000	\$	\$ 3,000
e. Supplies	\$	10,600	\$ 11,087	\$	\$ 21,687
f. Contractual	\$	0	\$ 700	\$	\$ 700
g. Construction	\$	0	\$ 0	\$	\$ 0
h. Other	\$	48,953	\$ 6,518	\$	\$ 55,471
i. Total Direct Charges (sum of 6a-6h)	\$	586,000	\$ 171,020	\$ 0	\$ 757,020
j. Indirect Charges	\$	0	\$ 24,313	\$ 0	\$ 24,313
k. TOTALS (sum of 6i and 6j)	\$	586,000	\$ 195,333	\$ 0	\$ 781,333

7. PROGRAM INCOME (MEDICAID FEDERAL)	\$	\$	\$ 0	\$ 0	\$ 0
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## **BUDGET NARRATIVE**

Five community mental health centers propose to serve 1,332 homeless individuals with serious mental illness and co-occurring disorders of serious mental illness and substance abuse at a total of \$567,547. Another \$18,453 is budgeted for statewide training, provider meetings, technical assistance and support/special projects for a total of \$586,000 in federal PATH expenditures for Alabama during FY 2012. It is possible that some of these training funds will be used to support direct services.

A total of \$407,828 will fund 13.175 FTE positions with five PATH providers throughout the state. These expenditures will retain 9.68 FTE case managers, .295 FTE psychiatrists/nurse practitioners, provide .60 FTE nurse, 1.05 FTE supervisor, 1.35 FTE therapist, and .20 FTE accountant/support staff as follows:

The Jefferson-Blount-St. Clair Mental Health Authority (JBS) will maintain 2.33 FTE case managers, a .12 FTE psychiatrist, a .40 FTE nurse, a .75 FTE therapist at \$158,247. The Montgomery Area Mental Health Authority, Inc. (MAMHA) will retain 2.5 FTE case managers, a .1 FTE therapist, a .50 FTE supervisor, a .05 FTE psychiatrist and a .10 FTE nurse at \$68,350. AltaPointe Health Systems, Inc. will have .30 FTE supervisor, a .10 FTE clerk, a .20 FTE therapist, and 2.6 FTE case managers at \$90,050. Huntsville MHC will provide services with 1.0 FTE case managers, a .05 nurse, a .10 FTE Therapist, a .1 FTE psychiatrist, a .1 secretary and .2 FTE supervisor at \$48,851; and Indian Rivers will retain 1.25 FTE case managers, a .025 FTE psychiatrist, .05 FTE nurse, a .05 FTE supervisor, and a .20 FTE therapist at \$42,330.

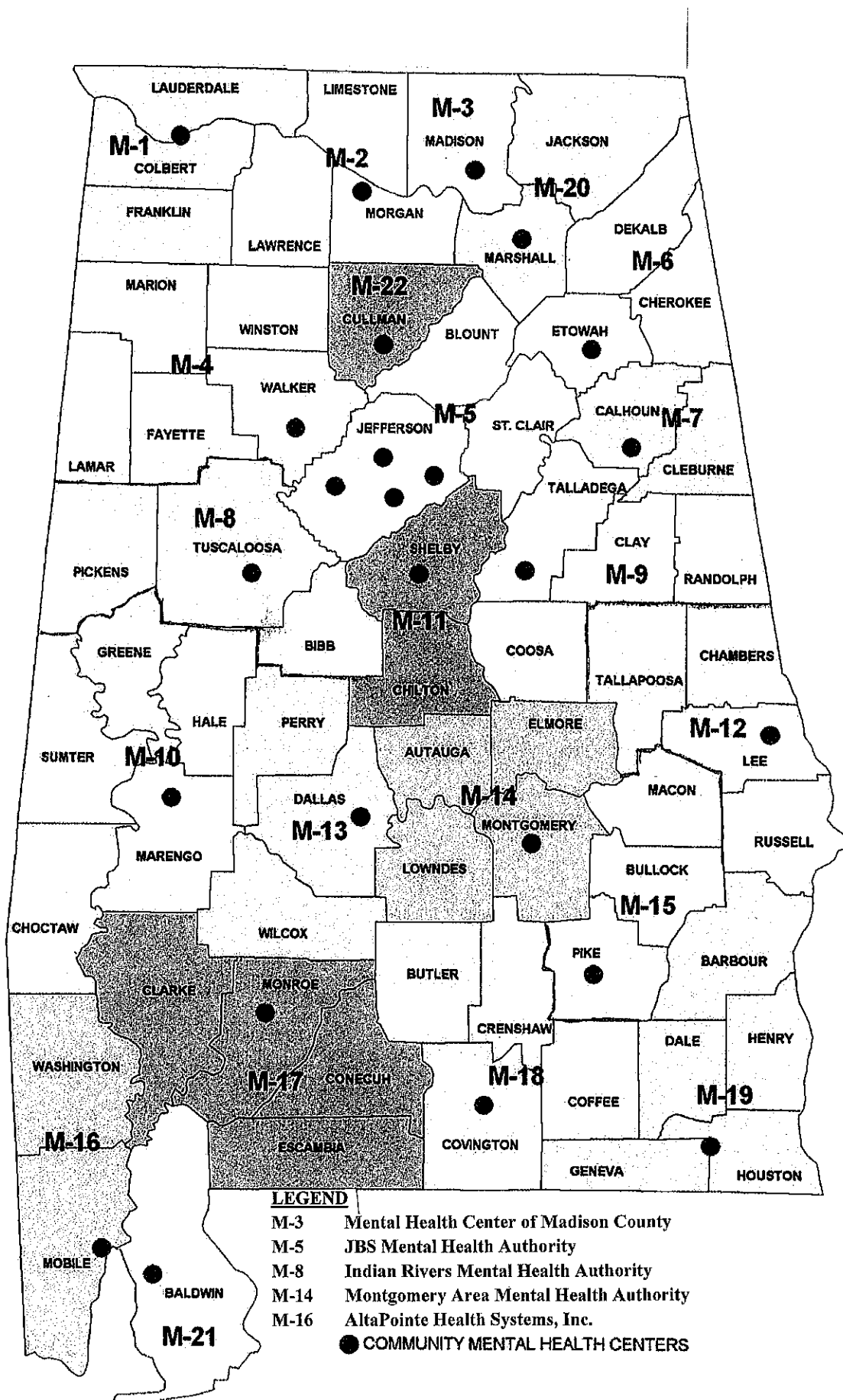
Fringe benefits for these combined provider positions will total \$74,236. Combined PATH funded travel and client transportation for all providers is projected at \$44,383. Supplies for the combined provider positions will total \$10,600.

The "Other" category includes \$9,500 for staff training in homelessness and related issues. Also included is \$21,000 to provide Housing Services to include 1) costs associated with establishing a household such as application fees, 2) Security deposits, 3) one time rental payments to prevent eviction and the above \$18,453 bringing the total to \$48,953.

## SECTION A: Executive Summary

1. Organizations to Receive Funds	2. Federal PATH Fund Amount	3. Service Areas	4. Amount & Source of Match Funds	5. Projected Contacts	6. Projected Enrolled 7. Projected % Homeless	8. PATH Supported Services
<b>a. Jefferson-Blount-St. Clair Mental Health /Mental Retardation Authority</b>  Public non-profit, community mental health center	\$227,380	Jefferson, Blount, and St. Clair counties	\$75,794  Program Income and State	Contact 300	Enroll 150  100% literally homeless	Outreach, Case Management, screening and diag. tx, shelter based mental health services (includes counseling), alcohol/drug tx access, referral services.
<b>b. AltaPointe Health Systems, Inc.</b>  Public, non-profit community mental health center	\$121,136	Mobile and Washington Counties	\$40,378  Program Income and State	Contact 300	Enroll 240  95% literally homeless	Outreach, Case management, referral services, community mental health services, screening and diag.tx, alcohol/drug services , supportive services in residential setting, habilitation and rehabilitation, housing support services and staff training.
<b>c. Montgomery Area Mental Health Authority, Inc.</b>  Public non-profit, community mental health center	\$98,363	Autauga, Elmore, Lowndes and Montgomery counties	\$32,788  Program Income and State	Contact 200	Enroll 50  50% literally homeless	Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training.
<b>d.. Mental Health Center of Madison Co.</b>  Public, non-profit community mental health center	\$63,872	Madison County	\$21,291  Program Income and State	Contact 200	Enroll 50  100% literally homeless	Outreach ,Case Management, community mental health services, crisis intervention, training, screening and diag. tx, referral services, basic living skills, alcohol/drug tx access, and housing support services.
<b>e. Indian Rivers Mental Health Center</b>  Public, non-profit community mental health center	\$56,796	Bibb, Pickens, and Tuscaloosa counties	\$18,932  Program Income and State	Contact 125	Enroll 40  20% literally homeless	Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training.
<b>f. Alabama Department of Mental Health</b>  State Government	\$18,453	Statewide	\$6,150  State	Contact 1,125  (total a-e)	Enroll 530  (total a-e)  70%literally homeless	Staff Training /Technical Assistance in Homelessness, Housing and special projects.

# ALABAMA MENTAL HEALTH CATCHMENT AREAS





## SECTION B: State-Level Information

### 1. Operational Definitions

- a. **Homeless individual-** pertains to an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.
- b. **Imminent risk of becoming homeless-** individuals living in a doubled up living arrangement where the individual's name is not on the lease, individuals living in a condemned building without a place to move, individuals with arrears in rent/utility payments, individuals having received an eviction notice without a place to move, individuals living in temporary or transitional housing that carries time limits, individuals being discharged from a health care or criminal justice institution without a place to live.
- c. **Serious mental illness-** individuals satisfying one diagnostic criterion from Category A and two criteria from Category B below:

Category A: Schizophrenia, Delusional Disorder, Major Depressive Episode(s), Bipolar I & II Disorders, Psychotic Disorder Not Otherwise Specified, Severe Panic Disorders With or Without Agoraphobia, Agoraphobia Without History of Panic Disorder, and Obsessive-Compulsive Disorder from DSM-IV-TR.

Category B: individuals who are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history; individuals requiring public financial assistance for out-of-hospital maintenance and are unable to procure such assistance without help and/or are dependent on family for support.

- d. **Co-occurring serious mental illness and substance use disorders -** individuals meeting criteria for serious mental illness as outlined above, and have a substance use disorder, where the mental illness and substance use disorder can be diagnosed independently of each other. Substance abuse disorders are those meeting criteria as defined in the DSM-IV-TR.

## **2. SAMHSA's Strategic Initiative #3: Military Families**

The activities and goals of the Alabama Department of Mental Health (ADMH) are in keeping with SAMHSA's dedication and support of efforts ensuring needed behavioral health services are accessible for America's service men and women, active duty and otherwise, and their families. The Department enjoys a longstanding collaborative partnership with the Department of Veterans Affairs, partnered in establishing the Alabama Returning Veterans Committee (ARVC) and is the lead agency for the Alabama Military and Family Behavioral Taskforce which is charged with improving behavioral health services for returning service members, veterans, and their families. Goals of the ARVC include increasing the integration of VA, behavioral health and primary care services.

Thus far, efforts of ARVC and ADMH collaboration have resulted in the following: 1) Alabama Re-Integration Action Plan (RAP) educational publication which has been distributed nationally, 2) two SAMHSA sponsored In-State Policy Academies, 3) the formulation of a mission to collaborate, integrate and educate in order to expand access for returning service members, veterans and their families, and 4) a Tuscaloosa hosted 2012 Alabama Returning Service members, Veterans and their Families Forum, addressing many topics to include Veterans Homeless Services.

Action is underway to obtain an Executive Order to formally establish a State Behavioral Health Interagency Council which will increase awareness about barriers to accessing Federal funds faced by community mental health centers and will advocate for expanding behavioral health options, partnerships, and insurance reimbursement practices to more effectively serve this population including PATH eligible veterans.

PATH Providers in Alabama have served veterans who are homeless and continue to do so. Case managers are knowledgeable of veteran specific resources within their respective areas and take measures to link veterans to appropriate services and organizations to include the Veterans Administration which provides financial assistance and health care. Also, veterans are referred to community agencies for support services as are other homeless individuals. Three of the five PATH catchment areas include Veterans Administration Hospitals: JBS in Birmingham; Indian Rivers in Tuscaloosa; and MAMHA in Montgomery. Additionally, Veterans Hospitals are located in Tuskegee, Alabama and Biloxi, Mississippi (just beyond the southwestern border of AL) which can be accessed by PATH eligible consumers. Additional information about veterans who are homeless is located in the Local Intended Use portion of this application.

Alabama agrees to give special consideration to entities that have demonstrated effectiveness in serving homeless veterans who have serious mental illness and/or co-occurring substance use disorders. The State is aware of the 2009 National Coalition for the Homeless: Homeless Veterans data which indicates that homeless veterans represent approximately one-fourth to one-fifth of all homeless people in the nation, thus comprising one of the largest demographics of homelessness. The Department of Veterans Affairs does not appear to have the capacity to support local level street outreach services. PATH outreach remains a critical component for bridging homeless veterans to needed services and housing options.

### **3. SAMHSA's Strategic Initiative #4: Recovery Support**

The Department's declared vision states "lifting life's possibilities" can be achieved "through a system of care and support that is consumer driven, evidence based, recovery focused, outcome oriented and easily accessible with a life in the community for everyone." Respect, collaboration, professional competency, diversity, accountability, inclusion, hope, accessibility, choice and compassion are all values voiced by the Department. It is the hope that with the realization of the Department's Vision and Values, consumers with the necessary supports, can overcome disabling conditions, achieve to the highest degree possible independent living in safe and decent housing, be meaningfully employed/engaged, and be actively involved in social interaction with friends and family. This view is consistent with the Substance Abuse and Mental Health Services Administration's Eight Strategic Initiatives of which the fourth addresses Recovery Supports fashioned to promote true recovery by attending to issues of Health, Home, Purpose, and Community. In 2007, the Department's Office of Consumer Relations published a "white paper" outlining consumer perspectives of what a "Consumer Driven, Recovery Focused Mental Health System" should look like and the concepts, principles, key components, strategies, goals, and recommendations driving the system should be. Consumers defined recovery as "an individual process in which a person with mental illness reclaims a sense of who they are in mind, body, and spirit." This definition and the specifics of the publication are in keeping with SAMHSA's December 2011 release of its working definition of recovery.

The Department is also aware of the commitment posed by the Public Health Services Act to achieving health promotion and disease prevention objectives described in the Healthy People 2020 document. Issues of primary and mental health care integration, housing and homelessness, supported employment, and peer support services are only but a few initiatives of which the Department is actively committed to addressing in the state of Alabama.

All providers certified and contracted with ADMH are expected to embrace the Department's vision, mission, and values offering services, including those of PATH, that are in keeping with SAMHSA's strategic initiatives to include those classified as Recovery Support. PATH Providers utilize a number of strategies and practices to access housing and reduce barriers to accessing effective services that sustain recovery for homeless individuals with mental illness and/or co-occurring substance use disorders and are further described below.

#### *Employment:*

Supported Employment programs are operated by mental health centers located in Birmingham, Huntsville, and Mobile. PATH programs in these areas can link PATH eligible consumers to these programs within the same agency. These programs are operated via contractual arrangements with the Alabama Department of Rehabilitation Services. Other PATH providers work cooperatively with ADRS service providers and link individuals in PATH who express interest in employment.

#### *Entitlement Benefits:*

Training offered through the SOAR-Alabama Initiative is extended to all homeless service providers throughout the state which includes PATH program staff and members of HUD Continuum of Care groups. All PATH programs have staff trained in the SOAR methodology and several mental health agencies housing PATH have employees who are SOAR Trainers. Four employees at JBS (Birmingham) and one at AltaPointe (Mobile) are SOAR Trainers who work in cooperation with ADMH's Office of Policy and Planning to conduct training events. PATH outreach workers also have access to SOAR Trainers employed by their local Continuum of Care (CoC) in three PATH catchment areas (Huntsville, Birmingham, and Mobile).

#### *Evidence-based/Best Practices:*

Several evidence-based and best practices are utilized by PATH providers.

All PATH providers have initiated the groundwork necessary to use HMIS as a mechanism to track PATH specific outcomes. All sites have access to HMIS within their agencies. Two of five PATH providers have started using electronic medical records. Many PATH providers have Representative Payee Programs or arrange for such as needed. PATH providers have been invited to participate in technical assistance provided by the PATH TA center presenting topics on Assessing Health and Promoting Wellness for Homeless populations, Motivational Interviewing, Critical Time Intervention, Effective Data Collection and Reporting, and Outreach Strategies.

#### *Mainstream Mental Health Services:*

In Alabama, mainstream mental health services are fairly accessible for PATH eligible individuals as 4 of the 5 PATH programs are outreach extensions of mental health centers. These sites primarily link to mental health services within the same agency. Unique to Birmingham, individuals are initially provided psychiatric and mental health services through the homeless services program and later transitioned to mainstream mental health services at one of three community mental health centers (CMHC) in the area. PATH providers continue to follow consumers for 3 to 6 months after transitioning to insure individuals remain stable and housed. In less populous regions of the state which do not receive PATH funds, CMHC's offer regular case management to individuals who are homeless and have a serious mental illness and/or co-occurring disorder.

#### *Peer Services:*

The Alabama Department of Mental Health has long embraced the power of peers to support fellow consumers and promote recovery. ADMH established the Office of Consumer Relations in 1990 which was the first office of this type in the nation and served to inspire the national model. The first peer specialist was hired in 1994. The Office of Consumer Relations is the lead agency in Alabama for training and certification of Peer Support Specialists. All PATH provider parent agencies employ peer specialists although none serve as members of PATH outreach teams. PATH case managers consult peer specialists within the mental health center. Additionally, PATH case managers have access to local consumer operated independent drop in centers. Of the six within the state, one is located in each PATH service area and accessible to any consumer to include PATH consumers.

#### *Primary Care:*

ADMH is currently in collaboration with the Alabama Department of Public Health for local integration pilots between FQHC's and CMHCs. The dire importance of addressing the 25 year earlier mortality rate for consumers with serious mental illness is a message that rings loudly and clearly from the Commissioner's office throughout the service continuum to the feet of PATH Outreach workers. PATH providers are particularly aware of the increased vulnerability, not only consumers with serious and chronic mental disease, but of those who are homeless in addition to having a mental illness. PATH workers have received training around triaging and addressing immediate and pervasive health issues which so commonly plague this population.

#### *Housing:*

All PATH providers have access to Housing Support funds to assist in matching qualifying PATH eligible consumers to appropriate housing situations and to assist with deposits and application fees. CMHC's operating PATH programs have an array of residential services ranging from various group home configurations to a variety of apartment settings such as MOM apartments (which provide

Meals, Observation, and Medication support) to semi-independent settings, and independent scattered site locations. Many PATH provider agencies have access to HUD shelter plus care and Supportive Housing. (see *Housing* in Section B.12)

*Substance Abuse / Co-Occurring Disorders:*

The Division of Mental Health and Substance Abuse has a desire that every contracted provider be co-occurring competent if not capable. Three PATH programs have substance abuse services provided by their parent CMHC. Substance abuse programs are typically accessed through referral process, however access can be limited. Specific to Birmingham, consumers who are homeless with co-occurring disorders have access to a new research initiative, EARTH, which offers housing along with a comprehensive day program.

#### **4. PATH Goals**

Alabama is aware the goal of PATH is to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless. PATH funds permit PATH providers to provide an assortment of specialized services, primarily through outreach methods and case management for individuals who are homeless or at imminent risk of becoming homeless with the goal of transitioning them into mainstream services. PATH outreach workers/case managers are charged with assisting individuals eligible for PATH services with creating a person-centered plan for obtaining and coordinating needed services including those relating to daily living activities, peer support, personal finance and benefits acquisition, transportation, habilitation and rehabilitation services, prevocational and employment services, and housing assistance as well as appropriate referrals necessary to promote full recovery.

In Alabama, there has been an increasing focus towards PATH outreach workers/case managers prioritizing and engaging literally homeless individuals who are less likely to access fixed site homeless service establishments which make them one of the most vulnerable of the homeless population. According to 2011 PATH Annual Report Data, approximately 59% of all clients served by Alabama PATH programs are considered to be “literally homeless” (i.e. living on the streets or in short-term shelters). The national average for PATH state programs was 54% in FY 2010 according to data provided by the Center for Social Innovation. The Department proposes to contact 1,125 homeless individuals in fiscal year 2013 through the use of PATH funded services. However, due to the devastation caused by tornados during the month of April 2011, actual numbers may be higher than projected

In 2011, Alabama PATH Providers developed strategies for how contacts with literally and chronically homeless individuals could be increased. The following are some of those strategies: support flex-schedules for PATH staff to increase engagement opportunities at short term shelters where guests are required to leave during day hours, promote PATH’s presence at “VA Stand Down for Homeless” and CoC “Homeless Connect” events, increase visit rotation schedules of places frequented by homeless individuals, partner with local police force in addressing needs of homeless individuals at risk of incarceration, and increase deployment of existing mobile health clinics operated by local-PATH parent organizations. Providers are encouraged to actively seek out and engage unsheltered persons in unoccupied buildings, lowland meadows, creeks and beaches, as well as city parks, streets, and underpasses.

PATH Outreach case managers are often the first point of contact that homeless citizens have to services which are designed to promote recovery. This is especially true in the cases of individuals who are literally homeless. More often than not, the thread of hope and assistance offered through purposeful direct street outreach invite opportunities to begin weaving the patchwork of various community supports, services and linkages necessary in addressing primary care, mental health, employment opportunities and housing needs. Without the critical function of direct outreach and recovery supports and services, individuals who are seriously mentally ill and literally homeless will not likely integrate fully into the fabric of society.

## **5. State Comprehensive Mental Health Services Plan**

The State Mental Health Authority function in Alabama is carried out by the Alabama Department of Mental Health. The Department is responsible for mental illness, developmental disabilities and substance abuse services. Alabama's public mental health service system includes six state-run psychiatric hospital facilities, 22 service areas with public, non-profit regional mental health boards (also known as "310 Boards" based on ACT 310 of the 1967 Regular Session of the Alabama Legislature) and 25 community mental health centers that provide a continuum of services to all ages with a focus on adults with serious and persistent mental illness and children who have severe emotional disturbance. February marked the first year anniversary of the merger between the Division of Mental Illness and the Division of Substance Abuse subsequently establishing the Division of Mental Health and Substance Abuse (MHSA). This fundamental step has been celebrated as the first of many necessary to dissolve service silos and truly create a "no wrong door" approach for serving individuals with serious mental illness and/or substance use disorders.

The Alabama Department of Mental Health is truly transforming the topography of how mental health services will be delivered in this state. The Department has dedicated efforts towards creating an effective community based service system and reducing reliance on traditional hospital based treatment. With the 1970 Alabama lawsuit, Wyatt vs. Stickney, the "right to treatment" for state psychiatric hospital patients was brought into the foreground and Alabama emerged as a frontline leader around this national issue. This longest running mental health lawsuit in US history significantly influenced fundamental changes in the architectural features of Alabama's mental health service delivery system. On the 41<sup>st</sup> anniversary of this landmark ruling and in remembrance of Ricky Wyatt who passed away November 1, 2011, Governor Bentley proclaimed March 12, 2012, Ricky Wyatt Day to honor his significant role in this case.

The 1999, Olmstead "integration mandate" further inspired the pursuit of building more appropriate and effective service models within the community mental health landscape. Since 1971, the census at the oldest psychiatric hospital in Alabama dropped from over 5,000 patients to less than 400 in 2004. Both the Mental Illness Division and Developmental Disabilities (formally Intellectual Disabilities) Division have made significant strides within the past decade toward closing hospital beds, and in some cases closing state facilities, as well as enhancing and expanding community services and supports. Since 2009, the hospital census reduction and community integration efforts resulted in a census reduction of 20% for state psychiatric hospitals focusing on closing extended care beds. Even given momentous success, the current financial atmosphere has prompted an acceleration of the Department's goals to further reduce the number of acute care psychiatric beds and to close facilities. Plans are presently in motion to close two of the six remaining mental health hospitals. As ADMH continues pursuing the development of new and enhanced community supports, great effort and commitment to reflect the desires of consumer partners and to be guided by the voices of those we serve, remain at the core of its' design.

The Mental Health Services Block Grant (MHSBG) presently serves as the State's Comprehensive Mental Health Service Plan. The Alabama Department of Mental Health provided 75,450 adults mental health services through community based programs in FY11. Of that number, statewide 1400 presented as living in a shelter or as homeless at time of admission. PATH is a program administered by staff within the Department's MHSA Division, Office of MI Community Programs. The State Path Contact (SPC) reports directly to the Director of MI Community Programs who is responsible for the coordination of the Mental Health Services Block Grant (MHSBG) with input of the Planning Council

and is a key participant in the planning and development of housing services for the seriously mentally ill including those defined as homeless. The Department's statutorily based inclusive planning process includes a Mental Illness Coordinating Subcommittee (MICS) which reports to the Department's Management Steering Committee. MICS membership includes state leadership, mental health service providers, family members and consumers. Along with the planning bodies described above, the SPC, Director of MI Community Programs, and other Departmental staff, assure PATH services are consistent with the comprehensive state mental health plan. PATH Formula Grant Funds play an integral role in the development and sustainability of specialized services to persons with a serious mental illness and who are homeless within the most metropolitan areas of the state. The Alabama Department of Mental Health has participated in PATH grant activities since 1992.



## **6. State Plan to End Homelessness**

Executive Order #13 signed August 2005, established the Interagency Council on Homelessness (the “Council”) which was charged with developing and implementing a plan to prevent and end homelessness in the State of Alabama and to serve as the statewide planning and policy development resource for the Governor, the State and its various departments and agencies as well as for the private sector. The Governor’s Office of Faith Based and Community Initiatives (GFBCI) was designated as lead agency. The Council published the Blueprint Towards a Ten-Year Plan to End Homelessness in Alabama in 2006 as well as statewide data books on homelessness in 2007 and 2010.

Governor Robert Bentley assumed office January 2011. In February 2011, he announced the creation of Hardest Hit Alabama (HHA), a new program providing \$162 million to the Alabama Housing Finance Authority to provide targeted assistance for Alabama’s unemployed homeowners for the prevention of foreclosures. This program is considered an important step in the prevention of homelessness due to widespread unemployment and risk of foreclosures in Alabama.

In May 2012, Governor Bentley signed into law House Bill 110 (HB 110) which establishes a state housing trust fund. This trust fund is to be a flexible source of funding for use in developing and maintaining safe and decent rental and ownership options for families, elderly, persons with disabilities, and others who cannot afford housing. The Low Income Housing Coalition of Alabama (LICH) observed that Alabama has historically relied solely on federal funding for the development of affordable housing and that public funding is critical for the future development of affordable housing. LICH championed the passage of HB 110.

At present, the Alabama Alliance to End Homelessness (ALAEH) is steadfastly pursuing a new Executive Order for the purposes of reestablishing an organized statewide effort in the areas of homelessness and housing. Efforts are underway to meet with representatives in the Governor’s office in pursuit of this action.

The Department recognizes and supports collaborations with federal partners, other state agencies, local government, community provider organizations, and consumer groups, in a joint effort to promote system coordination among the numerous agencies and programs which service this population. The Commissioner of the Alabama Department of Mental Health is a member of the Governor’s Cabinet. As such, she participates in Cabinet meetings and has the opportunity to coordinate services at the highest level. Services are coordinated with other state agencies through the Planning Council, work groups, and on a case by case basis. Staff at all levels of the Department have ongoing contact with employees from other state and local agencies as well as the general public for the purposes of providing, coordinating, and developing services and/or information.

The PATH program in and of itself, represents an innovative partnership across Federal, State, and local entities serving as a vital resource to the State’s plan in combating homelessness for those suffering from serious mental illness and co-occurring disorders. Alabama PATH providers collaborate with their local Continuum of Care in order to increase access to services and housing. All stakeholder groups are supportive of client level data reporting on homeless individuals served by the Department’s provider system to include recipients of PATH services. This data informs stakeholders and policy makers about types of services being delivered in the most urban areas and assists state agencies in the formation of public educational strategies.

The Department is supportive of all 8 instate Continua of Care in Alabama. Continua stationed in Montgomery, Mobile, and Birmingham have published local plans to address homelessness and are in various stages of implementation. ADMH continues to be an active member of the Alabama Alliance to End Homelessness (ALAEH) which holds membership from state Continua of Care and the Alabama HUD Field Office affiliates. ALEHA provides statewide training, networking opportunities, and resource information by conducting an annual conference for which those who serve homeless populations. The PATH technical assistance center has partnered with the Department and ALAEH to conduct joint training at this conference on numerous occasions

The Department's Office of Policy & Planning partnered with the former Governor's Office of Faith Based and Community Initiatives (GFBCI) to implement the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative in Alabama. Alabama now boasts *ten* SOAR Trainers: *one* of whom is the State PATH Contact; *one* is another ADMH employee, *four* are employees of Jefferson-Blount-St.Clair Mental Health Center which is Alabama's largest PATH provider, *one* is an outreach case manager for One Roof, the Birmingham Continuum of Care, *one* is an employee of AltaPointe Health Systems, Incorporated, *one* is a member of Housing First Continuum of Care located in Mobile, and *one* is the Executive Director of the North Alabama Coalition for the Homeless. SOAR has been instrumental in providing the skills needed for service providers to directly impact homelessness and to move forward in accomplishing the overall arching goal of the States' Plan to End Homelessness, the States' Comprehensive Mental Health Service plan, PATH outcome targets, as well as local plans to end homelessness.

The Department remains committed to supporting all plans for addressing homelessness and for increasing affordable housing opportunities. The Department understands system wide partnerships are necessary to effectively end homelessness in Alabama.

## **7. Providing Public Notice**

The Alabama Department of Mental Health provides opportunities for public comment and input through ongoing partnerships with family members, consumers, advocacy groups, stakeholders, other state agencies, and community providers to include PATH providers. The Department has a long standing inclusionary planning process. The State Plan is reviewed by the Alabama Mental Illness Planning Council, as described earlier. The Council, Management Steering Committee, and Mental Illness Coordinating Subcommittee are informed of PATH grant activities as a matter of course through staff reports, updates and announcements. All planning bodies are comprised of consumers with serious mental illness as well as family members. Comments and recommendations are encouraged in all aspects of the planning process and affect the target population, which includes PATH eligible consumers, as defined within the State Plan. Services are coordinated with the Substance Abuse executive staff and the Substance Abuse Services Block Grant through participation in the Management Steering Committee, the Co-occurring Disorders Task Force, and MHSA Division meetings. The MI Planning Council receives notification of the public comment period and is provided the link to for the purposes and intent to view and comment on PATH draft plans. This link is also accessible to the public at large.

PATH Annual Reports and Applications are accessible to the PATH providers. Locally, PATH providers maintain consumer and family member representation on their Consumer Councils, as well as Advisory and Planning Boards, which allow ongoing comment and recommendations relative to local-PATH activities. Local PATH participants are encouraged to distribute draft Intended Use Plans for public comment during the PATH application process.

The final PATH Annual Application is posted on the Department's website for viewing throughout the year by consumers, providers, advocates, family members, and the public. Public comments and questions relative to the Application and preceding drafts are directed to the State PATH Contact for review.

## **8. Programmatic and Financial Oversight**

PATH is a program administered by staff within the Alabama Department of Mental Health Division of Mental Illness & Substance Abuse Services, Office of Community Mental Illness Programs. ADMH has been a recipient of PATH funds since 1992. Alabama currently funds five (5) programs with a range of funding awards from \$56,796 to \$227,380.

The current State PATH Contact (SPC), Jessica Hales, has been in her role for six years. She has the title, Coordinator of Adult Services for Mental Illness and, as such, assists in the preparation of the Mental Health Block Grant Application, arranges and/or provides technical assistance and training pertaining to best and evidence-based practices as it pertains to adult target populations. She serves as Olmstead Coordinator, is the SOAR co-lead and a SOAR Trainer, and monitors several clinical and housing programs in addition to PATH. She is supervised by the Director of MI Community Programs, Kim Hammack, and collaborates with the former SPC, now the Director of Policy and Planning, around the SOAR Alabama Initiative.

The Alabama SPC uses a number of strategies to manage the PATH program such as frequent phone contact and desk audits of programmatic reporting which includes quarterly reviews of PATH provider service data (uploaded monthly to the Central Data Repository system for the state). The MI Community Programs Certification Team provides annual to biannual site visits to evaluate all programs and services provided by Community Mental Health Centers. Services supported by PATH funds are subject to the same certification standards that apply to all community provider programs and services. The State PATH Contact makes every effort to join with the certification team to assist in conducting on site evaluations of current PATH programs pending no restrictions in travel. The SPC oversees the annual application process, the annual data report process, arranges for provider participation in training at Alabama Alliance to End Homelessness (ALEHA) annual conference, promotes other ADMH provided training opportunities available to individual PATH program staff, and actively pursues technical assistance from state and national sources to include federal PATH technical assistance. The SPC has applied for technical assistance from the federal PATH program for the past four years and has been awarded TA in three of those years. Most recently, training provided to Alabama was in the area of Critical Time Intervention (CTI). Previous technical assistance provided have included healthcare for the homeless, permanent supportive housing, motivational interviewing, data tracking, and street outreach. The SPC sets aside a portion of funds to support training, provider meetings, technical assistance and special projects.

The Office of MI Community Programs not only provides programmatic oversight to the local PATH programs, but assists with the financial oversight as well. The SPC works closely with the Financial Systems Analyst who is responsible for preparing contracts with PATH providers and approving vouchers for payment. Annual audits are required to be conducted for each agency providing PATH services. These audit results are submitted to the State Board of Examiners and to the Alabama Department of Mental Health.

Active evaluation of current PATH data collection and reporting procedures is ongoing. Effective PATH service delivery, accurate reporting, and appropriate fiscal management of PATH funds continue to be areas of primary focus and monitoring. Routine monitoring of performance and contract compliance includes quarterly reviews and evaluation of PATH provider service data uploaded monthly to the Central Depository Reporting system for the state. The Department works with federal and state organizations to assure service codes conform to HIPAA standard transaction

codes and are consistent across Medicaid, ADMH, and other major insurers. Additionally, through the Data Infrastructure Grant, efforts continue to provide accurate data in the Uniform Reporting System. The Alabama Department of Mental Health is committed to an Electronic Health Record system for state psychiatric hospitals and is on target for implementation by May 2013. At this time, the Department can internally match state hospital records to community service records so individuals can be tracked through both data systems. The Department's Information Technology Committee is collaborating with sister HHS agencies to establish an SHI Exchange. This proves to be beneficial to PATH consumers who may have little, if any, identifying information aside from that which may be obtained through verbal report. A number of community mental health centers have, or are currently pursuing, the use of electronic medical records and partnering in the Health Information Exchange and Data Warehouse.

The SPC uses many sources to direct PATH providers within the state. The SPC has participated in previous national PATH meetings and last year chaired a small workgroup to organize and present the introductory portion for the New Provider Orientation which debuted last meeting. She was a member of the PATH Data workgroup. The National Resource Center on Homelessness and Mental Illness website and PATH website are two additional sources which provide a myriad of resources utilized by the SPC such as the State PATH Contacts Welcome Manual, the PATH Government Performance and Results Act measures, suggested criteria for Effective PATH Programs from the Administrative Workgroup, Outreach video series, and various webinars to name a few.

In July, a Federal PATH Site Visit was conducted of the State's performance in the administration function of the PATH program. Local sites visited were Mobile (via video-conference), Huntsville, and Birmingham. The on-site visit offered a valuable opportunity to explore all aspects pertaining to PATH Alabama based programs. The hands-on technical assistance provided by the review team was valued by all participants. Seemingly it would be challenging to replicate the effectiveness of federal evaluations of state's performance if other methods were used in substitution. The Site Visit Report and on-site consultation provided, offer additional and enriching guidance to steer Alabama PATH Programs.

## **9. PATH Local-Area Provider Selection: PATH Allocation to Local Providers**

### **a. Needs Based Allocation:**

The primary data sources used for consideration in determining the selection of eligible PATH providers include the most recent available Continuum of Care Point In Time surveys, 2010 Census Data, and capacity to serve target population.

Due to the limited PATH resources, the community mental health providers who serve the most urban areas of the state, and who have the highest reported numbers of individuals homeless, are invited to participate in the PATH application. Thusly, PATH funds are allocated through contractual agreements with the mental health centers located in the most metropolitan areas of the state. Each community mental health provider is an active participant in local continuum of care groups and report the greatest numbers of homeless individuals based on Point in Time surveys (see table B.2). Other less populous regions of the state would have more difficulty sustaining a case load in sufficient numbers to justify PATH funding. Considerations for additional PATH funds, when available, have historically been awarded based on competitive responses to Request for Proposals.

# 10. Statewide Number of Homeless Individuals with SMI by Geographic Area

Continuum of Care Groups	Region	Estimated # of Homeless Individuals w/SMI	Methodology
Homeless Coalition of Northeast AL	Calhoun and Etowah	24	January 2011 Point in Time survey and estimate
Alabama Rural Coalition for the Homeless	Bullock, Macon, Chambers, Lee, Russell, Tallapoosa, Clay, Coosa, Randolph, Talladega, Cullman, Chilton, Dallas, Perry, Wilcox, Autauga, Butler, Coffee, Covington, Crenshaw, Pike, Conecuh, Clarke, Escambia, Monroe, Barbour, Dale, Geneva, Henry, Choctaw, Greene, Hale, Marengo, Sumter, Bibb, Pickens, Lauderdale, Lamar, Fayette, Walker, Marshall, Jackson, Cleburne and Houston counties	385	January 2012 Point in Time survey and estimate
West Ala. Coalition to End Homelessness (formerly C.H.A.L.E.N.G.) (Indian Rivers MHC)*	Tuscaloosa County	134	January 2012 Point in Time survey and estimate
Metropolitan Birmingham Services for the Homeless (JBS MHC)*	Jefferson, Blount, Shelby and St. Clair counties	717	January 2012 Point in Time survey and estimate
Homeless Coalition of the Gulf Coast *	Washington, Mobile, Baldwin County	317	January 2012 Point in Time survey and estimate
Mid-Alabama Coalition for the Homeless (Mont. Area MHC)*	Elmore, Lowndes, Montgomery counties	275	October 2012 Point in Time survey and estimate
North Alabama Coalition for the Homeless (Madison County MHC)*	Limestone, Morgan, Madison counties	216	January 2012 Point in Time survey and estimate
Homeless Care Council of Northwest AL	Colbert, Franklin, Marion, Lawrence, Winston counties	19	January 2011 Point in Time survey and estimate

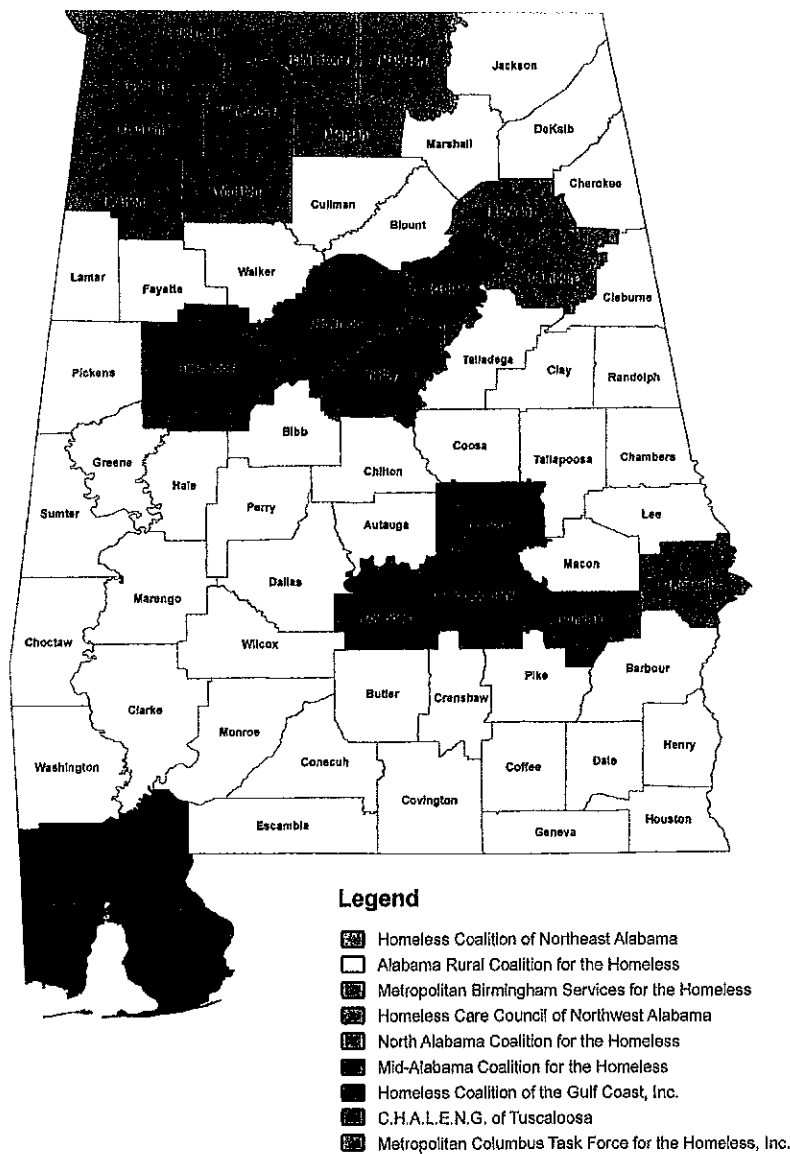
\* Designates a PATH Provider

Alabama has a population of **4.78M** (2010 Census) living within **67 counties**. Birmingham is the largest city with 212,237 living within the city but totaling 658,466 for Birmingham County. Mobile, the second largest county holds 412,992 residents; Montgomery supports 229,363 individuals; Madison County, which houses the city of Huntsville, has 3334,811 occupants; and lastly, Tuscaloosa county was recorded at 194,656 people prior to April 2011.

In 2011, Alabama was hit with two devastating tornado outbreaks within the span of thirteen days. On April 15<sup>th</sup>, Gov. Robert Bentley declared a state of emergency for all Alabama counties after twenty tornadoes and strong storms swept across the state affecting at least 10 counties. On April 27<sup>th</sup>, Alabama was hit with the largest natural disaster in the state's history. The National Weather Service estimates 35 tornadoes devastated Alabama resulting in damage to 41 counties which are highlighted above. On the evening of April 27<sup>th</sup>, Governor Bentley declared a state of emergency for the entire state of Alabama. On Friday, April 29<sup>th</sup>, President Obama declared a major disaster declaration for Alabama. FEMA declared 41 out of 67 counties to be eligible for disaster assistance. At that time reports indicated 236 confirmed deaths, 1,371 injuries, 675 individuals hospitalized, 6,299 homes destroyed, 4,553 homes with major damage, 1,233 individuals unemployed due to the disaster, and 18 schools destroyed or damaged, including 3 in Tuscaloosa County and 3 in Marion County.

# HOMELESSNESS REGIONS

Alabama Continuum of Care County Map



## **11. Source of Required Non-Federal Matching Funds**

Non-federal matching funds will be available at the beginning of the grant period sufficient to support PATH activities. Matching and in-kind funds are received from local municipalities and commissions through local provider catchment areas, allowable charitable donations to local providers, local provider fees for eligible CMHC services, and revenue.

The Department works closely with the Medicaid Agency to provide adequate coverage for community mental health services for people of all ages with mental illness, including case management services. Alabama participates in Medicaid Rehab Option and Optional Targeted Case Management. Presently the Office of Community Programs is exploring the possible use of the 1915i Service Option to expand the delivery of Recovery Support Services not customarily covered by Medicaid.

## **12. Other Designated Funding**

Community mental health services are funded through a mix of resources including federal MH Block Grant funds, other grants, state funds, Medicaid, Medicare, other third party insurance, local government, donations, and client fees generated using a sliding fee scale. No Mental Health Block Grant, Substance Abuse Block Grant, or General Revenue Funds are specifically designated to serve only individuals who are homeless and have a serious mental illness or co-occurring disorders. All services, programs, and projects supported by these various funding streams are available to any consumers with a disabling diagnosis of a serious mental illness and/or co-occurring disorder. Individuals, who are homeless and have a serious mental illness and/or co-occurring disorder, qualify for these services.

Beginning in 2009, the Alabama Department of Mental Health suffered budget cuts and has incurred cuts every year since. These restrictions in funding have hampered efforts to expand mental health services. The Governor's recent announcement of statewide proration has presented, in an already stressed system, further budgetary challenges for the remainder of this year and next fiscal year. PATH Grant funds ensure some protection of services designed for the most disenfranchised citizens whose needs would otherwise remain unaddressed.

Alabama is the seventh poorest state in the nation, with a population of 4.7 million, one in six live below the federal poverty level. The Department acknowledges the lack of adequate housing stock for Alabama residents and the need for a statewide policy and strategy to address this issue. Although the state provides no supplemental funding PATH services, there are some ADMH sponsored housing resources available to augment support for individuals who are homeless.

### *Housing:*

The Alabama Department of Mental Health developed a Supportive Housing Plan in 2007 that clearly laid out objectives and guiding principles and also identified needs. A need was identified for the development of over 8600 new housing units. Leading the effort was a team of consultants (Dr. Cynthia Bisbee and Henry Stough) both experienced in setting up Continuum of Care groups, developing housing, and providing technical assistance to local community mental health centers. This plan was presented to the Housing Advisory Council (HAC) which was established to function as an advisory body to the Department around the areas of housing and strategies for development. The Housing Advisory Council proposed conducting an updated housing assessment and revising the plan



accordingly. This particular matter holds more urgency given that Alabama was hit with the largest natural disaster in the state's history within April 2011 and the Commissioner's recent announcement of plans for the closure of state psychiatric hospitals.

In recognition of the importance of housing as an essential part of treatment and given the plans for more hospital closures, a small ADMH Housing Workgroup was established in February 2011. The goal is to establish housing necessary to support consumers living successfully in the community and to realize the Department's plan for reducing inpatient census by closing facilities and transitioning consumers from state facilities and from community group homes to more integrated settings.

Upon hearing of the Commissioner's plan to close state facilities, the Alabama HUD Field Office located in Birmingham, of which Michael German is the Director, graciously extended an offer to assist the Department in efforts to transition persons from institutions. As a result, a series of meetings transpired with key leadership from HUD, Fair Housing, and Public Housing Authorities. In March 2012, the Department participated in HUD's Community Planning and Development Statewide panel discussion as a first step of many to create a framework from which to build collaborations at a local level as well as state level. Ongoing efforts include identifying cohort populations within state institutions and those living in congregate settings such as group homes who, with adequate supports and access to affordable housing options, could move to more integrated settings. HUD is leading an effort to identify vacancies in set-aside units and other housing projects within their continuum available for which individuals with disabilities would qualify.

The Department continues a partnership with the Alabama Housing Finance Authority (AHFA) to focus attention on the housing needs of persons the Department serves. AHFA established HOME and Low Income Tax Credit set-aside units with reduced rental rates. These units have subsidized rents of \$180 (one-bedroom unit) and \$240 (two-bedroom unit). To date, all 498 units remain filled. Housing is also available at reduced rental rates through USDA Farmers Home developments. A Housing Advocate employed by the Department, works to ensure that priority for vacancies as they develop are given to individuals with serious mental illness, developmental disabilities, or substance abuse disorders.

Currently, the Department contracts roughly 26 million dollars with the community mental health provider network to provide approximately 1819 beds for various living arrangements for adults such as group homes, semi-independent apartments and supportive housing.

Alabama was selected as a pilot site for SAMHSA's Permanent Supportive Housing Toolkit and provided training around supportive housing principles. To date, there are 234 permanent supportive housing units in operation consistent with the evidence based model. The original 108 pilot units are directly supported by DMH funds. The remaining numbers of units are supported by "bridge funds" obtained from the 2009 downsizing project in which funds used to support hospitals were transferred to expand community services. Four of the five PATH Providers offer this housing model: Madison Co. (Huntsville), Indian Rivers (Tuscaloosa), AltaPointe (Mobile), and JBS (Birmingham).

Additionally, the \$250,000 Housing Support Fund, from State funds, continues to be available and is a statewide fund all providers can access to assist consumers with obtaining and maintaining more

independent and stable housing. This is a critical funding source especially for individuals who are homeless and receiving mental health services from non-PATH funded sites.

The Department holds a Steering Committee and general membership in the Low Income Housing Coalition of Alabama (LIHCA). LIHCA is a statewide coalition consisting of housing advocates, elected officials, banking institutions, nonprofit service providers, legal services groups, and low income persons. LICHAs mission is to increase housing opportunities for individuals with the greatest financial need and campaigned for the establishment of an Alabama Housing Trust Fund which, as previously mentioned (section B.5), was recently approved by Governor Bentley.

LICHA is sponsored by Collaborative Solutions, Inc. (CSI), an approved technical assistance consultant of the Alabama HUD Field Office. The Department has partnered with CSI to pursue Rural Housing and Economic Development (RHED) grants. CSI is the state lead for Rural Supportive Housing Initiative (RSHI) striving to establish Peer Networks linking emerging community-based organizations interested in the provision of supportive housing with experienced supportive housing developers. Through this Peer Network, CSI provides the leadership, support, and training necessary to help providers address the affordable housing challenges in their communities.

ADMH is the grantee for two HUD Shelter plus Care grants one of which is located in Mobile. Recently the Department collaborated with the Alabama Rural Coalition for the Homeless (ARCH) in jointly submitting a Shelter plus Care application in which four, more rurally based, mental health centers participated. This application was awarded and will result in 37 units. Statewide, Alabama was awarded 3.3 million dollars towards new supportive housing and shelter plus care projects!

Departmental representatives will continue to work in all venues to access new housing resources for individuals who are homeless and have a serious mental illness and/or co-occurring disorder.

### **13. Data Strategies to incorporate PATH data into HMIS**

The Department supports the PATH goal that within 2 to 4 years all PATH programs will migrate PATH data into the Homeless Management Information System (HMIS). The HMIS training tools and information from the Data Advisory Workgroup has proven an invaluable resource for preparing local PATH providers. PATH providers understand the value and importance of capturing accurate data for the purposes of care coordination, funding, and demonstrating impact. They are all committed to the goal of using Homeless Management Information System.

Alabama has one HMIS provider which is Service Point provided by Bowman. All PATH providers have communicated with System Administrators about the migration of PATH data reporting elements into HMIS and most have some familiarity with the system because of HUD programs operated within their own agencies. All Providers are at various stages in their utilization of HMIS specifically for PATH. Details of progress, target dates for training, and projected dates for use are described further in local PATH Provider Intended Use Plans (section C).

### **14. Local Training for PATH Funded Staff**

PATH funds are set aside to allow the State PATH Contact to attend state and national training opportunities pertaining to homelessness, housing, and related activities. Each PATH provider will receive funds in their budget to use towards training which supports PATH's mission and goal. Other local, State and Federally sponsored trainings are available to all contracted providers which includes PATH. Some of them have been included in the listing below.

During the past year, the following local training opportunities have been available to PATH providers:

- \* The Homeless Resource Center (HRC) and PATH websites offer a plethora of training materials available for use by PATH providers such as the series of webinars on HMIS and video series on Outreach to People Experiencing Homelessness.
- \* The Center for Social Innovation arranged for a webinar 1 hour overview of the evidence-based practice Critical Time Intervention. The event was held in September 2011. All PATH providers participated.
- \* Collaborative Solutions, Inc. and the United Cerebral Palsy of Greater Birmingham presented the 2012 Housing Ability Summit on January 12<sup>th</sup>. Topics centered on issues pertaining to living with disabilities and the ageing population.
- \* The Department has partnered with the Governor's Office of Faith Based & Community Initiatives (GFBCI) to implement SOAR in Alabama. Four statewide trainings have been conducted thus far.
- \* The Department is an active member of the Alabama Alliance to End Homelessness (ALAEH). Representatives of the state Continuum of Care and the Alabama HUD Field Office participate to provide statewide training, networking opportunities, and resource information. ALAEH, Collaborative Solutions, Inc. and the Low Income Housing Coalition of Alabama co-sponsored the 2011 Alabama Statewide Homelessness & Housing Conference titled Housing Works: Rethinking Housing Stability in Alabama. The conference was held November 9 -10, 2011.

\* The Alabama Council of Community Mental Health Boards held their 38<sup>th</sup> Annual Conference in May 2012. This annual conference attracts participants from state hospitals and community mental health providers. The conference included five tracks: Autism, Child & Adolescent, Clinical, Substance Abuse, and Wyatt Symposium.

\* The 20<sup>th</sup> Annual Alabama Recovery Conference was held March 20-22, 2012. This annual consumer conference attracts consumers and providers from throughout the state and boasts close to 900 participants. The conference is planned by consumers. Mr. Paolo del Vecchio was a keynote speaker for the conference.

\* The Alabama Coalition against Domestic Violence arranged for national experts on Trauma Informed Care to present at their ACDV conference. Community mental health providers were invited to attend. This event was held in the fall of 2011.

\* The Department's Cultural Diversity Task Force created a training document to be used in all facilities as part of orientation and on-going staff training. The Director of Policy and Planning is the lead for this initiative and as such, distributes relevant materials to all contracted providers statewide.

\* The Office of Deaf Services provides nationally recognized intensive training for people who are skilled interpreters, but need training on mental health issues in order to be effective in interpreting during assessment and therapy sessions. Services and consultation provided by this office is also available to all CMHC, ADMH, and disaster crisis counseling staff.

\* AL HUD Office quarterly training programs are publicized and offered to PATH providers and other CMHC's. Both the AL HUD Office and the AL Housing Finance Authority (AHFA) provide technical assistance in the application of housing funds.

\* Person-centered treatment planning has been adopted as the philosophy for the ADMH and training sessions have been ongoing for several years now in state facilities and the community programs. A training manual has been developed for use by mental health professionals working with PATH eligible, and other mental health consumers. Community mental health providers are expected to provide ongoing training on person-centered treatment planning and consumer directed services. In FY09, refresher training was provided in four locations across the State related to the focus on improving the Recovery and Resiliency capability of the system. The revised mental illness program certification standards came into effect October 1<sup>st</sup>, 2010 in which concepts of recovery and resiliency are embedded throughout.

Efforts around planning future training for PATH providers:

\* The Department is committed to using SOAR as a strategy for helping people experiencing homelessness overcome barriers to accessing needed services. Although several PATH providers have taken advantage of statewide SOAR training opportunities, not all PATH case managers have been trained. The Office of Community Programs is in the process of planning for training of all PATH case managers and other homeless service providers to better serve some of Alabama's most venerable citizens. In April two Instate Policy Academy's were held for the purposes of expanding the SOAR initiative in Alabama. Participants included representatives from PATH programs in Birmingham, Tuscaloosa, and Mobile.

## **PATH INTENDED USE PLAN 2012**

### **Jefferson Blount St. Clair (JBS) Mental Health/Mental Retardation Authority Homeless Services Program (HSP)**

#### **1. Local Provider Description:**

Jefferson Blount St. Clair Mental Health Authority is a regional, public, nonprofit corporation established under Act 310 of the 1967 Alabama Legislature.

The region served by JBSMHA comprises Jefferson, Blount, St. Clair counties with a total of approximately 799,381 residents. The most populated county is Jefferson with a population of 658,466 with approximately 15.5% below the poverty level. The region is divided into three catchment areas with each one served by its own community mental health center. The Homeless Services Project serves primarily the Birmingham Metropolitan area, which is more urbanized and has the highest concentration of homeless individuals. The population served by the HSP program is the literal street homeless. In addition to street/community outreach services, nursing services, therapeutic services and psychiatric services for the homeless population, the Authority also provides residential services, day program services for adults with a diagnosis of a serious mental illness and/or mental retardation, outreach clinical services for children, and outreach clinical services for mentally ill adults.

The amount of PATH funds to be received is **\$227,380.00**. The Authority receives the federal PATH funds directly from the State DMH via contract. The Authority uses the federal PATH funds for direct services. No federal PATH funds are distributed to other local organizations.

#### **2. Collaboration with HUD Continuum of Care Program:**

Birmingham has a coalition of local service providers for the homeless – **One Roof**, formerly known as M.B.S.H. - Metropolitan Birmingham Services for the Homeless. JBSMHA continues to be a member of this coalition and actively participates in the monthly meetings. This coalition affords better networking, coordination of services, establishment of contacts at other agencies, and lessens the opportunity for duplication or fragmentation of services.

During 2009, the City of Birmingham has gathered together a multi-faceted group of persons to develop a 10 Year Plan to End Homelessness. The plan has been finalized, but limited funding has restricted full implementation. Providers, business leaders, religious leaders, mental health professionals, shelter providers, consumers and the general public were active participants in the development and formulation of the plan.

On March 10, 2012, Birmingham's 5th Annual "Project Homeless Connect" was held from 7 am until 4 pm where 888 homeless and at risk of homelessness individuals were served. A similar number of individuals were served at past four events. "Homeless Connect" is a national best practice model of a 1 day, 1 stop event where community service providers and volunteers are mobilized in one setting to assist homeless individuals with real-time access to direct services and on-the-spot results. Activities include: medical, dental, substance abuse & mental health services, housing assistance, legal services, employment services, benefit enrollment and personal care services such as haircuts, massages, spiritual counseling and a hot meal. For two years in a row, The Alabama Department of Public Safety has been present and over 150 persons were able to obtain or renew their Driver's License or State ID.

The data from the *2012 Point in Time Survey* has been compiled and listed below. The survey, in which some J.B.S. Mental Health Authority staff participated as data collectors, included counts of consumers staying in shelters that night, and also included efforts to count other homeless individuals spending the night in "street" locations such as alleys, under overpasses, in doorways, abandoned buildings, and other known sleeping places. A total of 1,707 unduplicated individuals were directly observed in the survey. While no available methodology solves the twofold problems of undercounting, and duplication, the Birmingham survey does provide a minimum number of homeless persons (by any definition) in the area at a given time. 717 persons who are homeless and who are also mentally ill is developed as an estimate of 42% applied to the surveyed total of 1,707 homeless individuals who were directly observed by enumerators.

The goal of these surveys is to count as much of the homeless population as possible in the Birmingham area in a 24 hour period. These surveys are an extremely important step in capturing the number of homeless persons in Birmingham and the survey results will identify what types of services are most needed to serve these individuals. Results of the *2012 Point in Time* survey include the following:

- 1,707 individuals were identified as homeless.
- Our total population of homeless persons is down from 2,051 to 1,707.
- The population of chronically homeless persons is down from 588 to 484, but has not risen to 2005 number of 648 persons.
- The subpopulations have remained fairly stable in their traditional percentages of homeless, but it should be noted that there are slight increases in Chronic Substance Abuse and in Domestic Violence Victims, a statistic that is expected nationally in a financial depression.
- The Continuum of Care gaps continue to focus on the need of housing, particularly, transitional, permanent supportive and permanent independent housing options. Permanent housing ranked as one of the highest needs of the chronically homeless population in Birmingham, yet the existing units meet only half of the known need.

The Authority has a FTE, Community Relations Specialist that speaks at various health fairs, sets on many community boards and committees. The Authority participates in all public awareness events sponsored by the local Continuum and our local NAMI chapter. THE HSP program also works closely with the local universities to provide intern and training opportunities to social work students, counseling students, nursing students, psychology students and medical school students.

### **3. Collaboration with Local Community Organizations:**

Throughout this narrative, many linkages are mentioned regarding other local service providers-linkages with mental health centers, substance abuse treatment facilities, agencies providing medical care, agencies providing housing, entitlement agencies (Social Security Administration and Food Stamp Office) as well as many others. The following is a list of agencies that the HSP Program collaborates with to access services for PATH consumers:

- Three-community mental health centers - (Comprehensive mental health services)
- Local hospitals (medical and psychiatric care)
- Birmingham Health Care and M-Power (medical care, substance abuse treatment, dental care, Veteran's program)
- Aletheia House, Alcohol Recovery Center, Fellowship House, Salvation Army Adult Rehabilitation Center, Pearson Hall (substance abuse treatment)
- Local Health Department - (medical services, housing inspectors)
- Local boarding homes, domiciliaries, Local Housing Authority, Local apartments, JBSMHA Residential Care Homes, JBSMHA town homes and apartments, Department of Housing and Urban Development - (housing services)
- Local Shelters - (emergency shelters, day programs, safe havens)
- Community Service Officers- Birmingham Police Department (crisis services)
- Jefferson County Department of Human Resources - (Adult Protective Services)
- Birmingham Alliance for the Mentally Ill - (volunteer services)
- Social Security Administration, Food Stamp Office (entitlements)
- Crisis Center (payee ship service)
- UAB EARTH Program – SAMHSA study that provides housing and intensive substance abuse/mental illness day treatment.

Coordination with other services occurs through brokerage-type case management provided by PATH supported staff. Birmingham has formed a coalition of local service providers for the homeless population – One Roof formally M.B.S.H. – Metropolitan Birmingham Services to the Homeless. JBS is a member of this coalition and actively participates in the monthly meetings. This coalition affords better networking, coordination of services, establishment of contacts at other agencies, and lessens the opportunity for duplication or fragmentation of services. One Roof collaboration has resulted in a community Super-NOFA which has brought more funding and services to the community and One Roof member agencies.

#### **4. Service Provision:**

##### **a. *Alignment of Path funded services provided to priority population of literally and chronically homeless:***

The Authority projects serving 300 persons via the PATH funds in 2012. 100 percent of these individuals will meet the definition of “**literally**” homeless. The services that are provided by the HSP include the following:

- Outreach services
- Screening and diagnostic treatment services
- Counseling services
- Case management services
- Community mental health services (shelter based clinic, otherwise case managers access these services from our 3 local community mental health centers)

- Alcohol or drug treatment services (case manager's access)
- Referrals for primary health services in residential settings, educational services (including HIV prevention activities) and relevant housing services.

The HSP consists of a full-time master level therapist, three full-time case managers, a registered nurse, part-time, an accountant, part-time (for billing purposes) and a psychiatrist, part-time (not supported by P.A.T.H. funds). Services described below and included elsewhere are particularly in keeping with SAMHSA's strategic initiative #4: Recovery Supports.

The case managers spend most of their time in the community - area agencies, homeless shelters, soup kitchens, and "on the street" which includes frequently visiting the Southside Fountain area, Linn Park and known urban camp sights - providing outreach services, monitoring consumers, accessing/brokering for services.

The HSP provides a shelter-based psychiatric clinic, which has been extremely important to the success of our program. Our psychiatrist actually goes on-site to shelters and other places where individuals who are homeless and have a serious mental illness may be resident. The R.N. provides clinical nursing care on-site at our shelter-based clinic each week and provides crisis intervention as directed by the psychiatrist. The master level therapist provides therapeutic care at our shelter based clinic. Our three community mental health centers have two to four week waiting lists for appointments and some mental health centers will not schedule intake appointments for individuals who do not have a permanent address. Therefore, this shelter-based clinic provides more timely and accessible mental health services for homeless individuals who have a serious mental illness.

JBSMHA participated in State Alabama PATH Site Visit on July 20-22, 2011. The site visit team visited the programs "home base" located at the First Light Shelter in downtown Birmingham and also went on a tour of the homeless hotspots in the city with one of the case managers. The report sighted the Homeless Services Program as a model program. Some of the recommendations from the site team were to do more outreach and have more consistent means of tracking those numbers for the report. JBSMHA has been looking at these recommendations and exploring ways to follow these recommendations including trying to reduce case load levels for case managers to allow for more time to do outreach and working with One Roof to create a tracking system through HMIS.

The case managers refer clients to the substance abuse facilities available in the community. These clients are also eligible for the psychiatric clinic to reduce any barriers to accessing mental health care and medications while the client in treatment. The HSP staff collaborates with the staff of the substance abuse programs to ensure the best care for the consumers.

In regard to SAMHSA's Strategic Initiative # 3, the Homeless Services Project continues to accept referrals and to refer to all local agencies serving veterans. Also, we make referrals as appropriate to the local Veteran's Administration Hospital, Mental Hygiene Clinic and to a Veteran's Administration program targeted to serve homeless veterans who have a substance abuse disorder. The Veteran's Administration program provides residential services (through Fellowship House, an agency which is a subcontractor of JBSMHA), day treatment, and brokerage services for this target population.



**b. Gaps in current service system**

Overall regional needs include more affordable housing, supervised, brief Intensive treatment beds and affordable assisted living facilities in the community, more outreach services, and more treatment facilities sensitive to the needs of substance abusing mentally ill individuals

The Homeless Services Program continues to see increased demand for services and individuals seeking mental health treatment. The program served about 100 more consumers in 2011 than in 2010. This increase has made it difficult for staff to meet all needs of the clients. The need for additional case management and clinical staff would allow for the program to not only meet current needs but extend services to more individuals who may be falling through the cracks.

Another serious need that has come up is that the State of Alabama's Indigent Drug Program was discontinued in April of 2012. This has put an enormous strain on staff and the Authority's resources to find alternative sources for medications. The Authority is currently meeting this gap by applying for Patient Assistance through the drug companies. This requires additional time by HSP staff to access the necessary paper work (signatures, verification of income) that is required by the different drug companies. The staff is also using samples when available and paying for the medications through match funding. The importance of having medications accessible to clients is very important in their recovery as well as reducing hospitalizations.

**c. Services available for consumers who have both serious mental illness and substance use disorders:**

The HSP Case Managers refer individuals in need of substance abuse treatment to appropriate treatment facilities/agencies such as Aletheia House (outpatient and residential services), Fellowship House (residential services, treatment and education, outpatient services), Salvation Army Adult Rehabilitation Center (residential alcoholism treatment program, AA meetings, individual and group counseling), Pearson Hall (detoxification), Birmingham Healthcare (outpatient treatment/support groups), and local hospitals. The above programs also refer individuals who meet our target population definition to HSP.

JBSMHA has also partnered with UAB (EARTH Program) to provide intensive housing based treatment for consumers with both mental illness and substance abuse issue. The HSP provides referrals to the program and psychiatric care and case management for clients enrolled in the program. The clients attend an intensive day program that addresses both mental illness and substance abuse issues. It also provides vocational training. The program is focused on goal setting and recovery. This program aligns with SAMHSA's Strategic Initiative #4.

**d. Provider evidenced based practices and other training for PATH funded staff:**

JBSMHA provides match funding to cover evidenced-based practices and trainings for PATH-funded staff. This includes attendance to the Alabama Coalition for Ending Homelessness Annual Conference (held in the fall), the Alabama Community Mental Health Boards Annual Conference (held in May), and the National Homeless Conference (held in the summer). Staff also receives training in SSI/SSDI Outreach, Access, Recovery Training, annual in-services training in target population, consumer rights, and crisis intervention. The case managers are trained in SOARS. JBSMHA also provides support to licensed staff in maintaining continuing education units as required by their licensing administrators.

5. **Data:**

THE HSP staff has been participating in the HMIS system which is administered by the local Continuum of Care lead agency, One Roof, for the past 2 years. Data Outcomes & Quality are tracked & distributed through the auspices of One Roof for our regional Homeless system of care. Entry of information pertaining to PATH clients is entered into the existing HMIS system and "flagged" as PATH. JBSMHA is waiting for PATH specific data elements to be incorporated into HMIS to fully utilize the system for the benefit of PATH data collection and reporting.

One Roof provides training and certification for the use of the HMIS system. All new employees are required to complete the training before they can use HMIS. One Roof provides additional trainings in HMIS and support services as needed.

JBSMHA currently does not use electronic records, but has met with several vendors and is actively exploring options. All client records are under locked storage and all staff is trained in HIPAA protocol.

6. **Access to Housing:**

HSP staff access more permanent housing for consumers through this agency's residential program, the Local Housing Authority - both the Birmingham Housing Authority and the Jefferson County Housing Authority, local boarding homes, domiciliary settings, and independent apartments in the Birmingham area. The case managers monitor consumers placed in these settings and access services for these consumers.

The HSP staff work closely with the JBS Mental Health Authority team assigned to work the employees with the Communal Living Facilities with our local Health Department, and this has afforded many boarding home residents a higher standard of living. Case managers continue to report unlicensed, substandard boarding homes to the Department of Mental Health Communal Living Inspectors and when appropriate, the case managers also assist the Department of Health staff and the JBS Health Department Program in the relocation of these individuals to a safer, more supportive placement.

The Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority along with other homeless services agencies applied for the Shelter plus Care grant. This region was awarded \$3,353,040.00 in Department of Housing and Urban Development Shelter plus Care funding in 1993. The region continues to receive 3.2 million dollars in yearly Shelter plus Care funding from HUD. The Jefferson County Housing Authority actually receives and administers the grant. In addition to being homeless, the individuals served are diagnosed with a serious mental illness, substance abuse disorder or diagnosed with the AIDS virus in order to be eligible for this type of residential placement. Shelter plus Care grants provide a total of 350 program slots to serve this population. The Authority served 48 individuals through the Shelter plus Care program in 2010.

The Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority received \$671,082 in funding from the HUD FY 1994 Supportive Housing Program permanent housing component. The agency was able to renew this program through the Continuum of Care process

for FY2000 by being awarded \$731,373 for another 3-year period. The Authority was awarded \$243, 791 in 2003, 2004 and 2005. The Authority was annual funding for 2006 in the amount of \$234,751.00 and 243,751.00 for 2007 The Authority was awarded \$234, 751 in annual funding for 2008, 2009 and 2010. For 2011, the Authority was awarded 238,439. The program provides both housing and appropriate supportive services to twenty Birmingham area homeless persons with mental illness. The program provides housing and supportive services through use of leased rental units in existing apartments.

With both of these programs, emphasis is placed on scattered site locations in neighborhoods away from high crime areas. The programs are designed to move participants toward integration into the community at large by providing a safe and stable residential environment in which participants are able to work on managing their mental illness which is often the chief factor in their isolation from the community. The provision of psychiatric, medical and social services to program participants is intended to support more effective management of the mental illness and thereby allow the participant to direct effort toward activities to increase personal living skills and income in order to provide the means of achieving greater self-determination. The scattered site approach lessens any risk of concentrating severely mentally ill persons at any particular site and thereby offers the potential of greater opportunity to achieve integration of residents into the daily activities of mainstream community life. The following residential programs are available to PATH-eligible individuals in the region:

- **Southside Transitional Home**
  - a ten bed group home with staff available to assist consumers 24 hours each day. The Authority owns and manages this home.
- **DeVile Homes** (Eastlake and North Georgia)
  - 2 ten bed group homes with staff available to assist consumers 24 hours each day. These two homes are joint projects of DeVile Homes, Inc. and HUD, are managed by the Authority.
- **Crestline Homes** (Pell City, Oneonta, N. Birmingham)
  - 3 ten bed group homes with staff available 24 hours a day. These are joint projects with HUD, managed by the Authority.
- **Vera House**
  - a ten bed group home with staff available to assist consumers 24 hours each day. This home is a joint project of Vera House, Inc. and HUD, managed by the Authority.
- **Horizon Homes** (Avondale, Ensley)
  - a ten bed group home and a 19 unit apartment complex with staff available 24 hours a day to assist consumers. These are joint projects with HUD, and managed by the Authority.
- **Greenwood**
  - a 10 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with Greenwood, Inc. and HUD, managed by the Authority.

- **Carson Road**
  - a 9 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with HUD, managed by the Authority.
- **Woodlawn Home**
  - a 10 bed group home with staff available 24 hours a day to assist consumers. The Authority owns and manages this home.
- **JBS Authority involvement with Shelter Plus Care and Section 8 grants**
  - the Authority has assisted over 300 individuals who suffer from severe and persistent mental illness in their attempts to obtain and then maintain Shelter Plus Care housing vouchers. The HSP case managers also provide case management services to individuals who obtain housing with vouchers. Section 8 vouchers are available on a limited basis from the local housing Authority.
- **HUD Supported Housing Grant**
  - provides apartments to individuals who are homeless and mentally ill. These one and two bedroom apartments are at scattered sites in Birmingham with 4 units on Gadsden Street, 4 units on 5<sup>th</sup> Avenue South, 4 units on Georgia Road in Woodlawn, 2 units on Wesley Street, and one unit each on 2<sup>nd</sup> Avenue South and 4<sup>th</sup> Avenue South.

The persistent unmet need for affordable housing drove a group of community leaders to create Housing Enterprise of Central Alabama (HECA). The group got three-year financial commitments of \$63 million in loans and donations from banks and \$850,000 more in charitable gifts from foundations and financial institutions. HECA will start with a grassroots strategic planning to change neighborhood blocks one at a time, one family at a time. HECA will primarily act as a central lender for housing developers and community housing groups. HECA will also help finance affordable rental housing. HECA will serve Bibb, Blount, Calhoun, Chilton, Cullman, Etowah, Jefferson, St. Clair, Shelby, Talladega, Tuscaloosa and Walker counties. The Authority looks forward to working with HECA to access additional affordable housing opportunities for our consumers.

ALEHA (Alabama Alliance to End Homelessness) and Alabama ARISE are examples of other grassroots organizations that have developed to work in a systematic manner statewide to address housing needs, as well as other unmet needs of the homeless population.

7. **Staff Information:**

a. Demographics of staff serving clients:

PATH Staff- Race/ethnic:

African American - 33% (2)

Caucasian - 67% (4)

Path Staff – Age:

18-34 - 17% (1)

35-49 - 50% (3)

50-64 - 33% (2)

65-74 - 0%

Path Staff- Gender:

Male - 67% (4)

Female - 33% (2)

b. Cultural Sensitivity:

The Authority implemented Cultural Diversity training as part of its' annual in-service training for all outreach staff during 2004. This training is used to ensure that services are provided in a manner sensitive to differences, if any, of those they serve. This Authority participates in and is evaluated on performance satisfaction using a statewide consumer and family satisfaction survey

c. Cultural Competency Training:

Training is held each October. Also, the current Homeless Services Project case managers receive cultural diversity training as part of the initial case management training at the time of their initial employment.

8. **Client Information:**

a. Demographic of clients:

The HSP client population for reporting year 2011 was as follows:

178 males	184 African-American persons
209 females	196 Caucasian persons
	1 American Indian
	5 Hispanic
	0 Other
82 18-34 age range	1 65-74 age range
189 35-49 age range	0 75 or older
115 50-64 age range	0 13-17 age range
	0 less than 13 years

**b. Projected number of adult clients to be contacted, enrolled, and % homeless:**

According to the 2012 Point in Time Survey, Birmingham has a total of 1707 individuals who are homeless on a given night. 717 or 42% of those individuals identified themselves as having a severe mental illness. Although the total number of homeless is down the percentage of persons with mental ill is slightly higher than last year.

The Authority projects serving 300 persons via the PATH funds in 2012. 100 percent of these individuals will meet the definition of **“literally” homeless**. The program projects to have contact with 150 persons who are not eligible for services.

**9. Consumer and Family Involvement:**

Over the past 13 years, the Authority’s Consumer and Family Council Program have met on a monthly basis. This council is composed of family members or consumers that reside in the Jefferson-Blount-St. Clair region. This council is consumer/family driven and meets at the direction of the council members. The Authority continues to find consumer and family member input invaluable to the planning process of services and programming and will continue to actively encourage consumer and family involvement in the planning process of services. Annually consumers are also invited to participate in a survey evaluating services and programming provided by the Mental Illness Outreach and Supportive Services program. The survey results are carefully studied and programmatic changes are implemented based on the survey results. Also, the Mental Illness Outreach and Supportive Services program, which includes the HSP, hosts an annual meeting to answer questions, explain services and receive input from the program’s consumers.

The JBS Homeless Services Program is in the process of establishing a Consumer Council comprised of former and current consumers of the Homeless Services program. The HSP hopes to start meetings during the summer of 2012.

**10. Budget Narrative for JBS:**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$39,129	.00	\$0.00	
Clerk	\$17,680	.00	\$0.00	
Psychiatrist	\$191,300	.12	\$22,956.00	
LPN/RN	\$60,618	.40	\$24,247.00	
Therapist	\$51,120	.75	\$38,340.00	
Case Manager	\$32,952	.78	\$24,601.00	
Case Manager	\$30,624	.80	\$25,672.00	
<b>Case Manager</b>	\$29,973	.75	\$22,431.00	
<b>Salaries Total</b>				<b>\$158,247.00</b>
<b>Fringe Benefits</b>				<b>\$31,850.00</b>
<b>Travel</b>				<b>\$22,183.00</b>
<b>Supplies</b>				<b>\$10,100.00</b>
<b>Housing Support Services (Rental)</b>				<b>\$5000.00</b>
<b>Admin. Expense</b>				
<b>Staff Training</b>		3.6		<b>\$0.00</b>

**Total PATH-Funded Expenses: \$227,380.00**

**Total PATH Match Expenses: \$75,794.00**

**Total PATH Expenses: \$303,174.00**

## **PATH INTENDED USE PLAN 2011**

### **AltaPointe Health Systems, Inc. (AHS)**

#### **1. Local Provider Description:**

AltaPointe Health Systems, Inc. is a public, non-profit corporation organized under Section 501(c)3 of the Internal Revenue Code. Established in 1957, AltaPointe Health Systems is a comprehensive behavioral health center, serving Mobile and Washington Counties, which promotes the wellness and recovery of people living with mental illness, substance abuse, and intellectual disability. The two counties have a population of 450,573 with Mobile having 412,992 and estimated 19.2% of the population below the poverty level. Services include outpatient, day treatment, residential, inpatient and case management services for children, adolescents, adults and senior adults.

AltaPointe Health Systems also provides assistance to the mentally ill homeless population in our area in part through PATH funds. Funds to be received are **\$121,136.00**. No federal PATH funds are distributed to other local organizations.

#### **2. Collaboration with HUD Continuum of Care Program:**

The Mobile-Baldwin Continuum of Care serves Mobile and Baldwin Counties in Alabama. Housing First, Inc., which serves as the lead agency, coordinates the planning and resource development process. Twenty projects that address homelessness in the area have been implemented since 1997. The projects are designed to provide the resources needed to help individuals and families escape homelessness or receive the supportive services needed to remain housed.

PATH staff members represent the organization in the local Continuum of Care's Board of Directors, participating in subcommittees which help steer the services provided for the area's homeless. The PATH team supervisor is an active member of the COC, holding both the position of Secretary and Nominating Committee chair. Three staff members participated in the PIT count this year, one staff member was a team leader for PIT. Additionally, PATH staff members and other AltaPointe representatives participate in events, such as the annual point-in-time count and the Homeless Veteran Stand-Down, which are organized and operated by the local Continuum of Care.

Current trends are to implement and augment homelessness prevention and rapid re-housing activities, to provide trauma-informed care, and to develop additional permanent housing resources for the disabled and chronically homeless, defined by the U.S. department of Housing and Urban Development as having been literally homeless for one year or more, or having been literally homeless on four or more occasions over the past three years. Since 2007, the number of chronically homeless individuals in Mobile County has been reduced by 23%. Through the implementation of new programs and improved coordination of existing services, the member agencies of the homeless coalition plan to reduce the number of chronically homeless each year until eliminated or diminished to a manageable level. AltaPointe Health Systems participates in these activities by providing supportive housing units committed specifically to the homeless population, and PATH outreach services to improve the accessibility of mental health services and supportive housing programs.



The COC board is currently in the beginning stages of re-evaluating and re-vamping the Local Plan to End homelessness. A task force is currently being assembled by the COC and is expected to be complete by the end of 2012.

**3. Collaboration with Local Community Organizations:**

PATH staff regularly interacts with local service providers to assess consumer needs, advocate for shelter entry, identify and access resources, make referrals, and address obstacles to accessing needed services. The local agencies which PATH staff collaborate with include, but are not limited to:

- Salvation Army
- South Alabama CARES
- Dumas Wesley Center/Sybil Smith Family Village
- Mobile Housing Board
- Department of Veterans Affairs
- Housing First, Inc.
- Franklin Primary Health Center/ Healthcare for the Homeless
- Volunteers of America
- 15 Place
- Waterfront Rescue Mission
- United Methodist Inner City Mission/McKemmie Place
- Project Rebound
- Other area formal and informal providers to the homeless populations in smaller communities

**4. Service Provision:**

**a. *Alignment of Path funded services provided to priority population of literally and chronically homeless:***

AltaPointe Health Systems stations staff at 15 Place, the homeless drop-in center for the city of Mobile. At this location, the PATH staff interacts with homeless individuals and coordinates services with other partner agencies housed at 15 Place or in the downtown area. Through in-reach and outreach (street and other) activities, PATH staff identifies consumers in need of mental health and/or substance abuse services, healthcare services, housing, and other basic needs. Consumer needs are reviewed with the program supervisor, housing project managers, and therapists to engage the consumers in appropriate services at AltaPointe Health Systems and promote a smooth transition into permanent housing. Services are aligned with SAMHSA's initiative around Recovery Supports.

Approximately 200 homeless individuals will receive PATH-funded services in FY 2011. Of those, an estimated 90% will be literally homeless at the point of contact with PATH staff.

The following are services that could be accessed by PATH clients:

- Outreach Services
- Case Management Services

- referral Services
- Screening and Diagnostic Treatment
- Community Mental Health Services
- Substance Abuse/ Addiction Services
- Habilitation and Rehabilitation
- Housing Services
- Supportive and Supervisory Services in Residential Settings
- Staff Training

Based on the SAMSHA site visit, we reassessed and revamped our outreach efforts. We have added five new areas that are canvassed on a regular basis with a focus on camps, wooded areas, and organizations that are frequented by the homeless due to their history of providing necessary items to this population. We have developed a mapping system to keep track of known and suspected camp areas in all parts of Mobile County, and plan to add at least 4 new areas during this reporting period to our regular rotation. Further, new collaborations are being explored and developed to assist with the efforts of connecting with the homeless populations in these new communities.

AltaPointe acknowledges that a special focus is being given to military families and veterans through the strategic plan. AltaPointe staff share office space at 15 Place with the assigned worker from the VA, thus have an ongoing working relationship with a specific worker there. Further, when a homeless veteran or military family is identified, PATH staff work with Veteran's Affairs to link these consumers to the appropriate care.

**b. Gaps in current service system:**

Current gaps in services include limited shelter space for women and a lack of affordable housing. Psychiatric hospital beds and crisis stabilization for this population is limited. Not only is shelter space for women limited, but emergency shelter space for families is nearly non-existent for families. Further, barriers include a lagging local economy, high unemployment resulting in home loss, as well as an inadequate public transportation system. Gaps in our services are addressed through constant interactions with staff and community agencies, and the implementation of new programs, such as the Jail Diversion program. The CoC board is in the early stages of renewal of the Strategic Plan to End Homelessness as well as the creation of a structured plan to develop an immediate fund to assist homeless families and a long term plan to fund an official emergency shelter for families.

**c. Services available for consumers who have both serious mental illness and substance use disorders:**

An array of services available, as appropriate to all consumers at AltaPointe Health Systems, including those with co-occurring mental illness and substance abuse issues include, but are not limited to:

- Evidence Based and / or informed group and / or individual therapies. Examples are; Critical Time Intervention, Illness Management and Recovery, Wellness Self-Management, DBT, Stagewise Case Management and Motivational Interviewing
- PATH eligible individuals can access housing through AltaPointe Health Systems' Shelter Plus Care, Permanent Housing for the Chronically Homeless, Adult Foster Homes and Arbor Court Semi-Independent Homes. Additionally,

case management services assist with application for Section 8, in-house HUD opportunities, and coordinating with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, the Department of Veterans Affairs, Volunteers of America, and Housing First, Inc., which have multiple housing and residential treatment programs available to the homeless population of the gulf coast area.

- AltaPointe Health Systems also works in conjunction with the Department of Rehabilitative Services to provide a Supported Employment program which would be available to PATH participants as needed and appropriate.
- AHS has one fully trained SOAR trainer who is able to assist consumers with applying for and obtaining benefits.
- PATH participants who have legal issues due to drug charges or other misdemeanors may also qualify for assistance with drug court and/ or the Jail Diversion program.
- Participants who have both Substance abuse issues as well as mental illness could be linked to an AltaPointe peer specialist.

Staff training: PATH staff are trained in Critical Time Intervention, Outreach Techniques (utilizing in part, SAMSHA's Outreach Video Series), In house in-service trainings are offered periodically through the year on a variety of topics (including Social Security Benefits, Vocational Rehabilitation). In addition to these training opportunities, PATH involved therapists are also mandated to attend "lunch and learn" trainings weekly that are a group exploration of a pre-set evidence based practice as well as provided funding to attend educational activities of their choice as required for continued licensure.

## **5. Data:**

AltaPointe's PATH team has begun the HMIS migration. Staff members have been trained in the early part of 2012 and personal profiles were created. We are currently awaiting a formal PATH profile creation for the program itself as designated by the ServicePointe provider in our local area. The PATH liaison at the Alabama Department of Mental Health is working with local providers to assist with this process. We are expecting to be fully integrated into the HMIS process by Fall 2012. As of 2004, AltaPointe has already been utilizing a full spectrum Electronic Health Record to capture PATH data on consumers that we serve. Collection of the information on referrals and attainment of housing, mental health services, and substance abuse services is currently collected through the Electronic Health Record in a PATH specific area. Training for HMIS for PATH staff will be handled by the ServicePointe provider at regular intervals.

It is expected that since staff have been trained for HMIS use, that our timeline for full integration will be short. At this time, the local HMIS administrator is working on creating a profile for PATH providers. Following that, we will begin full use of the system. Timeline is as follows:

- March 2012: Staff completed preliminary training
- March 2012: Personal profiles created by HMIS administrator for PATH staff
- June 2012: Local HMIS administrator will work with State Office liaison to develop a profile for PATH.
- July 2012: Staff will begin utilizing the system

- July – ongoing: Staff will continue ongoing training and TA with the system to allow staff to fully utilize the system in the most effective manner.

We are currently working on increasing our capacity to track information within our EMR for PATH served consumers. We are exploring how to better track ongoing work and engagement efforts with consumers for whom ongoing rapport building efforts are needed. Further, we are exploring the most effective ways to track consumers for whom PATH was able to directly assist in attainment of services and housing versus those services being attained without direct PATH assistance or for whom assistance was given, but the desired outcome has not been realized yet.

**6. Access to Housing:**

AltaPointe Health Systems has researched and obtained training for front line and supervisory staff in the Evidence Based Practices that have been found to be most effective in achieving recovery. Illness Management and Recovery as well as Wellness Self-Management have been adopted for use in daily work with consumers to increase resilience and recovery. PATH team members have been formally trained in Critical Time Intervention and have begun using it in their daily work with consumers. These evidence based practices are proven and expected to enhance the consumer's transition to being more traditionally housed as well as being expected to increase the consumer's success and tenure in the housing situation. By identifying and prioritizing consumer needs and then joining with the consumer to link them to programs and agencies that meet their long term needs, we expect that the consumer will be able to become traditionally housed sooner and maintain the housing situation longer. Although affordable housing continues to be limited in the community, there are several agencies that have Supportive Housing efforts underway.

AHS operates a formal Permanent Housing program, which is available to the recipients of PATH services. PATH eligible individuals can access housing through AltaPointe Health Systems' Shelter Plus Care, Permanent Housing for the Chronically Homeless or Belle Haven programs, Adult Foster Homes and Arbor Court Semi-Independent Homes. Additionally, case management services assist with application for Section 8, in-house HUD opportunities, and coordinating with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, the Department of Veterans Affairs, Volunteers of America, and Housing First, Inc., which have multiple housing and residential treatment programs available to the homeless population of the gulf coast area. AltaPointe Health Systems also works in conjunction with the Department of Rehabilitative Services to provide a Supported Employment program which would be available to PATH participants as needed and appropriate. AHS has one fully trained SOAR trainer who is able to assist consumers with applying for and obtaining benefits.

**7. Staff Information:**

**a. Demographics of staff serving clients:**

The staff is between the ages of 18 and 65, and is mixed in gender and racial/ethnic background, reflecting the target population. Currently there are 4 male staff members; 3 white and 1 African American; and 5 female staff members; 1 white, 3 African American, and 1 Asian.

**b. Cultural Sensitivity:**

AltaPointe Health Systems is sensitive to the age, gender, and cultural needs and preferences of the target population. Interpreter services are arranged for multi-linguistic consumers. AltaPointe Health Systems provides mandatory, annual training on cultural sensitivity. All staff members who provide good customer service and who show exemplary sensitivity to cultural needs of consumers are regularly recognized and rewarded through our 5 Star Customer service program. AltaPointe Health Systems measures our performance in this area through Consumer and Family Satisfaction surveys that are collected regularly.

**c. Cultural Competency Training:**

AltaPointe Health Systems has a culture and expectation that every staff member provide excellent customer service. When initially employed, and annually thereafter, all AltaPointe Health Systems employees are required to attend training in gender/age/cultural competence. This training is provided by multi-cultural staff that are well trained in effectively communicating cultural differences relevant to the target population. After completion of the training, an assessment is administered to ensure employees have retained knowledge of cultural diversity. This training is used to ensure that services are provided in a manner sensitive to the differences, if any, of those served. All community mental health centers participate in and are evaluated on performance satisfaction using a state wide consumer and family satisfaction survey.

**8. Client information:**

According to the US Census Bureau's 2010 census, the population of Mobile County, Alabama, was 412,992. Of these, approximately 62% were Caucasian, 35% were African American, 2% were Asian and 2% comprised persons identified as American Indian, Pacific Islander or Biracial. Approximately 2% were identified as being of Hispanic or Latino origin.

**a. Demographic of clients:**

Of the 255 consumers served by PATH from January 2011 to December 2011, 32% were between the ages of 18-34, 43% were between the ages of 35-49, 23% were between the ages of 50 to 64, and >1% were between the ages of 65 to 74 years. Approximately 49% were Caucasian, 47% were African American, 1% was identified as Hispanic or Latino, >1% were identified as American Indian or Asian. Fifty percent of the population served by PATH was female.

**b. Projected number of adult clients to be contacted, enrolled, and % homeless:**

In 2012, 634 homeless persons were identified in Mobile County by the annual point-in-time count. Based on these numbers, we project that we will be able to assist 240 literally and imminently homeless consumers this year. We project that we will make contact with

approximately 300 literally or imminently homeless individuals. Of the consumers we will assist, we project that 95% will be literally homeless. We suspect that numbers of homeless individuals contacted will increase this year, due to the increase of both our outreach range as well as several increased in-reach efforts; such as serving meals at food providers, increase in visits to the shelters, as well as new collaborations with smaller community groups who have become natural providers for basic needs such as small community churches.

**9. Consumer Involvement:**

Consumers and family members are welcomed and encouraged to attend all homeless coalition meetings and in-services. Currently, one-third of the AltaPointe Board of Directors is family members of consumers. Of these consumers, at least one has been homeless and has received services through PATH-funded resources. Also, the AltaPointe's Advisory Board consists of one-quarter consumer family members and one active consumer. Homeless consumers continue to be engaged to participate in the Consumer Council, a consumer-run advisory panel that meets monthly and provides feedback on AHS programs and services. Additionally, all AltaPointe consumers and family members are asked to complete an annual survey that monitors their satisfaction with services being provided. AltaPointe Health System employs a team of Peer Specialists on staff who would be available as needed to assist any consumer for whom that service would be beneficial. The local COC board also has active members who have been previously homeless.

10. **Budget Narrative for AltaPointe:**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$48,000	.30	\$14,400.00	
Clerk	\$23,500	.10	\$2,350.00	
Psychiatrist	\$195,000	.0	\$0.00	
CRNP	\$90,000	.0	\$0.00	
Therapist	\$35,000	.20	\$7,000.00	
Case Manager	\$25,500	1.0	\$25,500.00	
Case Manager	\$25,500	1.0	\$25,500.00	
<b>Case Manager</b>	\$25,500	.60	\$15,300	
<b>Salaries Total</b>				<b>\$90,050.00</b>
<b>Fringe Benefits</b>				<b>\$18,086.00</b>
<b>Travel</b>				<b>\$7,000.00</b>
<b>Supplies</b>				
<b>Housing Support Services (Rental)</b>				<b>\$3000.00</b>
<b>Admin. Expense</b>				
<b>Staff Training</b>		3.2		<b>\$3000.00</b>

**Total PATH-Funded Expenses: \$121,136.00**

**Total PATH Match Expenses: \$40,378.00**

**Total PATH Expenses: \$161,514.00**

## **PATH INTENDED USE PLAN 2012**

### **Montgomery Area Mental Health Authority, Inc. (MAMHA)**

#### **1. Local Provider Description:**

Montgomery Area Mental Health Authority, Inc. is a public, non-profit corporation authorized under legislation ACT 310. This community mental health center is certified to provide mental health services to individuals in both metropolitan and rural areas. These areas are Montgomery, Autauga, Elmore, and Lowndes Counties with a total estimated population of 374,536. The most populated county is Montgomery with a census of 229,363 with an estimate of 18.9% of the population below poverty. The target population includes children and adolescents with serious emotional disturbances as well as adults with serious mental illness and/or co-occurring disorders. The agency is certified to provide mental health services such as outpatient, psychiatric, day treatment, residential, and case management.

The PATH Formula Grant fund supports services for adults age 19 and over who are homeless and have a serious mental illness. The PATH program at MAMHA recognizes PATH funds promote street outreach and case management as priority services and that these services focus on adults who are literally homeless as a priority population.

The federal portion of PATH funds amount to **\$98,363.00**. The Center receives the federal PATH funds directly from the State Department of Mental Health via contract. No federal PATH funds are distributed to other local organizations.

#### **2. Collaboration with HUD Continuum of Care Program:**

Montgomery Area Mental Health Authorities' Executive Director and Director of residential services currently are members of the Mid-Alabama Coalition for the Homeless. Case Management Director attends meetings as needed. One former agency staff member who is currently a consultant to the MHC participates in the Mid Alabama Coalition for the Homeless. She actually spearheaded the development of the Continuum of Care in order to successfully apply for HUD funds. This Continuum has twice been cited as producing the best Exhibit 1 portion of the HUD application, and the expertise of this agency consultant is well recognized by the AL HUD Field Office. It is anticipated that this consultant will also begin to provide training and technical assistance under the auspices of the AL HUD Field Office. This agency consultant was instrumental in the development of the AAL Alliance to End Homelessness (ALAEH) which brings continuums from across the state together annually. MAMHA is very active with their participation in the Mid-Alabama point in time count. The 2012 Homeless Point in Time Survey collected by the Montgomery Area Coalition for the Homeless resulted in a total count of 542 of that count approximately 275 are seriously mentally ill individuals within the MAMHA catchment area. It is projected that over 200 individuals will receive services through this grant, 50 are expected to be enrolled. Fifty percent are expected to be literally homeless. PATH funds will be utilized to link and provide services to this homeless population.



### **3. Collaboration with Local Community Organizations:**

Below is a description of MAMHA collaboration with community organizations. There are a number of local programs, in addition to the MAMHA, that provide mental health oriented programs and PATH-supported services to individuals eligible for grant funds. Coordination with other services occurs through brokerage-type case management; provided by PATH supported staff.

- Socialization and recreational needs are met through referral to the Friendship Club, Montgomery Mental Health Association support groups, local adult day care centers, the Therapeutic Recreation Center, and local churches.
- Specific vocational needs are met through programs such as the Montgomery Area Mental Health Authority Supported Employment Program and CHOICES Program, Vocational Rehabilitation Services and Goodwill Industries.
- Transportation needs in the Montgomery County area are served through the City Bus Lines, Special Citizens Area Transportation and Voluntary Action. In the rural areas of Autauga and Lowndes Counties, transportation is provided by rural transportation systems. Elmore County Medicaid clients are served through several non-emergency transportation agencies. When these systems are not convenient, assistance is provided by family or church members.
- A number of agencies provide services for food, clothing, and monetary needs. Many of these services are provided by the Salvation Army, Faith Rescue Mission, Catholic Social Services, and St. Jude Social Services. A local Food Bank is used by consumers with limited or no income. In addition, the Department of Human Resources is utilized for food stamps when appropriate. The Social Security Administration is consulted on in most cases of persons with mental illness concerning financial issues and needs. The Veterans Administration is used as a resource for veterans.
- Medical services are provided through the County Department of Public Health as well as private hospitals. The Lister Hill Clinic and Montgomery County Primary Health Center provide medical care to indigent clients. There are physicians available throughout the catchment areas that provide services to Medicaid consumers. The Lions Club provides eyeglasses to consumers in need and one local dentist provides services on a payment plan basis.
- Support groups are provided by the Mental Health Association, the local Alliance for the Mentally Ill and a consumer ran group. State supported inpatient psychiatric treatment is provided by Greil Hospital, Bryce Hospital, and Searcy Hospital. Private psychiatric treatment is provided by Baptist Medical Center. The Montgomery Area Mental Health Authority has access to short-term crisis inpatient treatment through a contract with Greil Hospital. The MAMHA provides medication to qualified seriously mentally ill individuals through a State supported indigent drug program (IDP). Medication assistance is also provided through the VA Hospital, emergency rooms, Catholic Social Services and doctor and pharmacies accepting Medicaid reimbursement. MAMHA provides intensive day treatment services, rehabilitative day services by CHOICES and outpatient services through MAMHA. MAMHA leases a drop in center to Clearview.

PATH clients are referred to their programs as a means of socialization and support.

**4. Service Provision:**

The MAMHA proposes to provide an outreach director/therapist, two and one-half (2.5) case managers, a part-time nurse, a part-time therapist and psychiatrist, as well as training at other agencies which provide services to the homeless through PATH Formula Grant. Please refer to the budget section of this application for the projected staffing and related costs and for this proposal.

**a. PATH funded services to be provided to the those individuals identified in the *priority population of "literally homeless"*:**

PATH funds will be used to promote the delivery of mental health services in non-traditional settings making it easier for the homeless seriously mentally ill to access services. Traditional services such as mental health screenings, intake and therapy will be provided to individuals in a non-threatening manner through the Outreach Program. Training will be provided to other community agencies serving the homeless. This training will be provided by various MAMHA staff, including the Outreach Director. The training will include how to identify the mentally ill, how to identify referrals sources for the target population and how to make referrals to identified resources. In the near future MAMHA will begin training to implement HMIS to monitor required data for our PATH program.

The MAMHA staff will use network of referral sources for individuals in the target population that need medical services, job training, educational services, housing services and substance abuse services. Individuals in need of emergency psychiatric hospital services will be referred to the crisis inpatient beds operated by the MAMHA, private psychiatric hospitals and/or to local emergency rooms for evaluation. Individuals in the need of primary health care services will be referred to one of the publicly supported primary health care centers. Referrals will also be made to substance abuse facilities. Individuals in the target population will also be referred to local adult education programs. Vocational Rehabilitation Services will be utilized for those individuals needing or requesting job training, job placement or other supportive vocational services. As previously noted, two and a half full time case managers will be hired for this program. These case managers will provide services on an outreach basis. Due to the increase of returning Veterans and their needs to access services, PATH Case Managers make referrals to Veterans Administration attempting to link them to additional homeless services. Other case managers at the MAMHA will also offer services to the homeless seriously mentally ill when appropriate. Case management services will include preparing a plan for the provision of services, reviewing the case plan every three months; providing assistance in obtaining and coordinating social and maintenance service for the individual; providing assistance to the individual in obtaining income and support services; and referring the individuals for other services. Case managers will also provide services to individuals living in supervised apartments, therapeutic group homes, discharged from crisis inpatient beds and state hospitals, and living in group/foster home arrangements. All of these outreach PATH services allows the consumer multiple opportunities to work toward his or her own recovery goals.

In addition, individuals may be referred for screening and diagnostic treatments services at the MAMHA. Mental health habilitation and rehabilitation services will be provided through the MAMHA's Adult Intensive Day Treatment and Rehabilitative Day Programs. Veterans who are experiencing homelessness are assigned PATH case managers and /or referred to the local

Veterans Administration for addition services. Individuals with mental and substance use disorders who are homeless are serviced by MAMHA PATH case managers for their mental illness and housing needs. These programs provide the homeless seriously mentally ill training in community mental health center, provides an array of services including emergency services, diagnostic services, chemotherapy, and outpatient therapy. These individuals will also have access to residential services as needed according to individual treatment plans. PATH staff participates in webinars training, the yearly SAMHA's trainings, and a PATH representative is present at the yearly to End Homelessness Training in Washington D. C.

**b. Gaps in Current Service Systems:**

Permanent and temporary housing have been identified as a need or gap in the current continuum of care for the homeless seriously mentally ill. The Salvation Army and Faith Mission provide limited temporary housing to homeless mentally ill individuals. Housing is also provided by the Montgomery Ares Housing Authority and the Elks Memorial Center. Low-cost apartments, primarily in Montgomery County, area available for individuals receiving Social Security Disability Income or Supplementary Security Income, however, there are often waiting lists. Therapeutic group homes foster homes are used for community and post-hospitalization referrals and placements. In situations where an individuals is considered to be in need of protective services, the Department of Human Resources provide special housing support, The HUD apartment complex operated by the MAMHA is specifically designed to serve the seriously mentally ill population and houses up to twelve consumers. The MAMHA also supervises thirty HUD apartment units in Montgomery for imminent risk and homeless seriously mentally ill individuals.

**c. Prevention of Substance abuse and Mental Illness:**

MAMHA provides a full range of mental health treatment for the community in the county catchment area. Services provided are: Outpatient and Residential Services for adults and substance abuse services are referred to an outside agency. In addition to services offered, outpatient counseling for children and referrals for inpatient services are made to other children inpatient agencies in the area.

**d. Evidence Based Practices and Other Training:**

MAMHA refers PATH consumers to the Cornerstone Program which is an evidence-based program that promotes and focus on recovery. PATH staff attends trainings through the HUD Continuum Care and Alignment with Plan to End Homelessness. Training is currently being scheduled for the migration of PATH data into HMIS. This HMIS training is expected to be completed within the next two years.

**5. Data:**

HMIS is currently being used by supportive Housing to track homeless clients and refer them to needed community resources, such as housing, health care, food and clothing. MAMHA PATH staff will be trained within the next two years by Montgomery Mid-Alabama Coalition staff on how to incorporate and utilize the HMIS system. The outcome measures around housing, mental health, and substance abuse referrals and attainment are captured to some degree, but work is still being done to enhance these collection efforts and to include revised Voluntary Outcome Measures.

**6. Access to Housing:**

PATH utilizes many strategies to match and link individuals who are homeless to suitable housing. Permanent and temporary housing have been identified as a need, or gap, in the current continuum of care for the homeless seriously mentally ill. The Salvation Army and Faith Rescue Mission provide limited temporary housing to homeless mentally ill individuals. Housing is also provided by the Montgomery Area Housing Authority and the Elks Memorial Center. Low-cost apartments, primarily in Montgomery County, are available for individuals receiving Social Security Disability Income or Supplementary Security Income; however, there are often waiting lists. Therapeutic group homes and foster homes are used for community and post-hospitalization referrals and placements. In situations where an individual is considered to be in need of protective services, the Department of Human Resources provides special housing support. The HUD apartment complex operated by the MAMHA is specifically designed to serve the seriously mentally ill population and houses up to twelve clients. The MAMHA also supervises thirty HUD apartment units in Montgomery for imminent risk and homeless seriously mentally ill individuals. Montgomery Area Mental Health Authority has the following residential programs available to PATH-eligible individuals in the region:

- The Salvation Army provides limited temporary housing to homeless mentally ill individuals.
- Faith Rescue Mission provides limited temporary housing to homeless mentally ill individuals.
- Mental Health Association – a 12 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with Mental Health Association, Inc. and HUD, managed by the Authority. Housing is also provided by the Montgomery Area Housing Authority through HUD Supported Housing Grant – provides apartments to individuals who are homeless and mentally ill. These one and two bedroom apartments are at scattered sites in Montgomery with approximately 50 units.
- The special needs of homeless persons with co-occurring severe mental illness and alcohol/drug disorders will be assessed by the case managers and the Outreach Director. These homeless individuals will be referred for mental health services and substance abuse services simultaneously. If deemed necessary the consumer will be referred to the Corner Stone Program which specializes in symptom management and recovery which is an evidence based program. The case manager and Outreach Director will attempt to bridge the gap between professional services and other necessary services.
- The Outreach Director and case managers will coordinate housing and supportive services for PATH eligible individuals. The case manager will assess the housing needs of individuals and refer individuals to appropriate housing.

7. **Staff Information:**

a. *Demographics of staff:*

PATH Staff-[Race/Ethnic

- African American 97% (4)
- Caucasian 2% (2)
- Hispanic- 1% (1)

PATH Staff - Age

- 30-35 years 10% (1)
- 36-50 years 75% (4)
- 51-65 years 15% (2)

PATH Staff - Gender

- Female - 90% (5)
- Male - 10% (2)

b. *Cultural Sensitivity:*

A concerted effort is made to ensure that staff is culturally sensitive to the population served.

c. *Cultural Competency Training:*

Each outreach staff member will receive culture diversity training on an on-going basis. This training is used to ensure that services are provided in a manner that is sensitive to the differences, if any, of those they serve. This CMHC also participates in and is evaluated on performance satisfaction using a state wide Consumer and Family Satisfaction Surveys.

8. **Client Information:**

With Montgomery being the Capitol of Alabama we seem to attract a large number of homeless people who are severely mentally ill and dually diagnosed. We work closely with the 2012 Point-in-Time (PIT) count focused on the homeless individuals/families that were in emergency/transitional shelters. The PIT indicated that there were approximately 533 homeless individuals/families in the emergency/transitional shelters. The PIT count for 2012, also estimated there were 140 unsheltered homeless individuals/families as well as 2011 PIT count.

a. *Demographic of clients:*

Demographics as reported in MAMHAs' 2011 PATH Annual Report, our PATH case managers had contacted through outreach and in-house services with approximately 260 PATH eligible clients from this number 145 were enrolled for federally funded PATH services. In addition to the newly enrolled 50 consumers, there are 75 already enrolled clients for a total of 125.

Gender		Ethnicity					
Male	Female	African American	Caucasian	Hispanic	Asian	Other	
75	50	70	54	0	1	0	

Age ranges of those served are as follows:

Age	Number served
13-17 yrs.	0
18-34 yrs.	25
35-49 yrs.	65
50-64 yrs.	20
65-74 yrs.	15
75 yrs. and older	0
Unknown	0

#### Mental Illness Diagnosis

Diagnosis	Number served
Schizophrenia and Related Disorders	60
Other Psychotic Disorders	10
Affective Disorders	45
Other Serious Mental Illness	5
Unknown or undiagnosed	5

**b. *Projected number of adult clients to be contacted, enrolled, and % homeless:***

It is projected that MAMHA will have contact with approximately 200 homeless individuals/families through both in-house and outreach contacts, of that number; we anticipate enrolling about 50 for services, from the projected enrollment number, 90% of these clients will be literally homeless. PATH funding will be used for both in-house and outreach services.

**9. Consumer Involvement:**

Consumers input are obtained through participation of consumers and families in the MAMHA's Planning Council, which is an advisory group to the Executive Director. Input from consumers is also obtained through the MAMHA's annual consumer and Family Satisfactory Survey. The mission of the Montgomery Area Mental Health Authority, Inc. is to provide quality mental health services within our service areas, to the extent resources will allow, with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery, and enhances consumers, family and provider partnerships. MAMHA has a full-time and part-time Peer Specialist who works very closely with the PATH clients.

**10. Budget Narrative for Montgomery Area:**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$51,800	.50	\$16,000.00	
Clerk	\$17,680	.00	\$0.00	
Psychiatrist	\$188,000	.05	\$4,250	
LPN/RN	\$49,300	.1	\$3,500.00	
Therapist	\$40,000	.10	\$4,000.00	
Case Manager	\$26,275	1.0	\$20,900.00	
Case Manager	\$26,695	1.0	\$19,700.00	
<b>Case Manager</b>		.50		
<b>Salaries Total</b>				<b>\$68,350.00</b>
<b>Fringe Benefits</b>				<b>\$15,313.00</b>
<b>Travel</b>				<b>\$8,200.00</b>
<b>Supplies</b>				<b>\$0.00</b>
<b>Housing Support Services (Rental)</b>				<b>\$3000.00</b>
<b>Admin. Expense</b>				
<b>Staff Training</b>		3.25		<b>\$3,500.00</b>

**Total PATH-Funded Expenses: \$98,363.00**

**Total PATH Match Expenses: \$32,788.00**

**Total PATH Expenses: \$131.151.00**

## **INTENDED USE PLAN 2012**

### **Mental Health Center of Madison County (MHCMC)**

#### **1. Local Provider Description:**

The Mental Health Center of Madison County (MHCMC) is a public, non-profit Community Mental Health Center which was established under Act 310 of the 1967 Alabama Legislature. The services provided by the MHCMC to seriously mentally ill (SMI) adults' age 19 yrs. and older include: outreach services, outpatient clinical services, day treatment, residential services, targeted case management and outpatient substance abuse treatment. In addition, we also provide outpatient services, case management, and substance abuse treatment to adolescents and children, from age 3 yrs. to 18 yrs. Our service area is Madison County, Alabama and has a population of 334,811 with an estimate of 12.0% below poverty level.

The Mental Health Center of Madison County will receive **\$63,872.00.**

The Center receives the Federal PATH funds directly from the State DMH via contract. The Center uses the federal PATH funds for direct services. No federal PATH funds are distributed to other local organizations.

#### **2. Collaboration with HUD continuum of Care Program:**

The Center is an active member of the North Alabama Coalition for the Homeless (NACH), our North Alabama Continuum of Care. "The mission of the North Alabama Coalition for the Homeless (NACH) is to educate the public regarding homelessness, and to coordinate and facilitate the efforts of agencies, communities and concerned citizens into a seamless Continuum of Care (CoC) to affect positive solutions to homelessness in Madison, Morgan and Limestone counties of north Alabama." In keeping with NACH's mission statement and the 2008 Strategic Plan, the Center continues to work toward assisting SMI homeless clients by coordinating services with the goal of permanent housing. In working with NACH, the Center was able to increase our Shelter Plus Care beds from 40 to 55. Of these 55 beds, five were set aside for use by SMI homeless clients who have been diagnosed with HIV/AIDS. With these 5 beds, partnership was developed with the Aids Action Coalition to help end homelessness.

NACH is currently making preparations with members to begin the development of 2012 Strategic Plan

With NACH's steady membership growth and the Centers participation in monthly meetings, improvements have been seen with networking and coordination of services to SMI homeless clients which has improved service delivery and also lessened the opportunity for duplication of services. NACH has worked with other local agencies to obtain funds targeted for transitional housing to be used for homeless consumers.

The January 2012, point in time count conducted by our CoC, indicated there were 432 homeless individuals residing in homeless shelters. It also estimated 169 homeless individuals resided in encampment sites. PATH funds will be used to provide targeted case management services to SMI homeless consumers who may not use traditional routes to seek services.



### **3. Collaboration with Local Community Organizations:**

The MHCMC is very active in the community. We have developed and sustained good working relationships as well as partnerships with several community organizations to provide services to not only SMI individuals but homeless ones as well.

- Downtown Rescue Mission—provides temporary emergency shelter for homeless individuals and/or families and case management. They provide short-term residential substance abuse treatment. In addition to the above, breakfast and supper is provided daily. The MHCMC provides weekly site visits from case manager to provide education to shelter staff on SMI and to offer services to those individuals identified with possible SMI diagnoses.
- Salvation Army—provides temporary emergency shelter and case management to homeless individuals and/or families. They provide short-term residential substance abuse treatment. They also provide breakfast, lunch and supper daily to residents and any homeless person who comes to the center. In addition to meals at the on-site, they also operate a mobile soup kitchen. As part of our partnership with this shelter, The MHCMC provides weekly site visits from case manager to provide education to shelter staff on SMI and to offer services to those individuals identified with possible SMI diagnoses. Case managers also assist with the mobile soup kitchen on a monthly rotation.
- Breaking Free Mission—provides temporary emergency shelter for homeless males. They provide referrals for day labor.
- Huntsville Hospital—provides medical and psychiatric care. Our partnership with them also includes the Center providing a case manager several hours daily. The case manager acts as a liaison between the hospital and the Center. The case manager provides data to the Center on enrolled consumers hospitalized as well as assist with arranging for partial hospitalization services.
- Crestwood Medical Center—provides medical and psychiatric care.
- Local medical clinics (Central North Medical Center, University of Alabama Medical Center, Madison County Health Department and Community Free Clinic) —provides medical and dental care on a sliding fee scale or free to eligible homeless clients. Case managers provide linkage and assist to local clinics to ensure medical needs are addressed. The Center has partnered with the Community Free Clinic for several years, providing a case manager on site weekly to provide pre-screening, case management and offer mental health services.
- The Village, Inc. — a non-profit organization that works closely with the Huntsville Police Department to provide services and promote safety in homeless encampment sites within the Huntsville City limits. The Center partners with the Village to gain safe access to the encampment sites to offer and provide mental health services to include targeted case management.

- Huntsville Housing Authority (HHA)—provides low-income housing, rental assistance, and housing counseling to homeless clients. Through the HHA, MHCMC operates a 55 shelter plus care program that has assisted with housing SMI consumers but also those identified as having a Co-occurring diagnosis and HIV/Aids.
- Aids Action Coalition-- provides targeted case management and medical care to those individuals diagnosed with HIV/AIDS. The Center has partnered with the Aids Action Coalition to provide housing services thru the shelter plus program.
- Local boarding homes, local apartments and residential care homes—provide housing. Case managers have developed working relationships with several of the above which allows for housing placement faster if consumer meets eligibility.
- Hope Place—a domestic abuse shelter, provides emergency safe housing for victims of domestic violence. In addition to emergency housing, eligible clients receive counseling, case management services and housing assistance to establish permanent housing. Center often refers consumers to this agency as well as provides services to those consumers who seek mental health services.
- Several local churches —provide clothes closets, food boxes, rental and utility assistance. Case managers are able to link and assist consumers with access identified churches for needed resources.
- Social Security Administration (SSA) and Alabama Department of Human Resources (ADHR)—provide entitlement assistance such as Medicaid, disability income, food stamps and unemployment benefits for eligible clients. Case managers often link and assist consumers with accessing SSA and ADHR.
- Vocational Rehabilitation (Phoenix Services) —provides job training, employment and representative payee services.
- Residential substance abuse services are referred to both local and non-local agencies. Local agencies are: Downtown Rescue Mission Residential Substance Abuse Treatment, Salvation Army Residential Substance Abuse Treatment and Pathfinders, Inc.

#### **4. Service Provision:**

The primary mission of the MHCMC PATH funded services is to provide recovery support for those SMI adults who are at “imminent risk of homelessness” or “literally homeless”. Clients receiving PATH funded services range in age from 19 years and older. In keeping with the Center’s policy, those clients receiving PATH funded services must be within the Madison County service area. In alignment with SAMHSA’s Strategic Initiative #4: Recovery Support and in an effort to improve and increase service delivery, the Center is moving toward the group model of services that capture both PATH and non-PATH eligible clients. The MHCMC plan for providing a coordinated and comprehensive service delivery to eligible PATH clients is as follows:

**a. PATH funded services to be provided to the those individuals identified in the *priority population of “literally homeless”*:**

Residential substance abuse services are referred to both local and non-local agencies. Local agencies are: Downtown Rescue Mission Residential Substance Abuse Treatment, Salvation Army Residential Substance Abuse Treatment and Pathfinders, Inc.

As part of our Outreach efforts in 2011, the Center partnered with The Village, Inc. which is a non-profit organization that works with local police to monitor and ensure safety those individuals residing in various encampments. A MHCMC case manager along with The Village staff has been working in the camp areas identifying, offering and providing targeted case management services to SMI homeless individuals. The plan is to continue providing a case manager to work directly in campsites with the “literally homeless” population.

Center continues to partner with our two largest homeless shelters to provide in-reach services. A case manager is assigned to serve as our liaison. Services provided include but is not limited to crisis stabilization, medication checks, assistance locating and obtaining permanent housing and basic living skills training. The in-reach services provided continues to be invaluable as it supports shelter staff to help them to better understand symptoms and behaviors of the mentally ill.

PATH funds are also used to provide in-reach services in partnership with a local homeless shelter’s operation on a mobile soup kitchen. Through the mobile soup kitchen, case managers are able to make an initial contact with homeless individuals. Another in-reach partnership that provides services to “literally homeless” is with the Free Clinic. Case managers are on site weekly to work with the clinic staff to identify and offer mental health services.

- Screening and diagnostic treatment services;
- Anyone enrolled in PATH will receive Targeted Case Management;
- Referrals for primary health services, vocational services, educational services and other relevant housing services;
- In addition to existing community mental health services, services will be provided with requested funds and in-kind match:
  - 24 hour hotline for after-hours needs;
  - Walk-in crisis and triage capacity to identify clients most in need of immediate treatment;
  - Mobile outreach for dealing with crisis in the identified targeted population.
- Supervisory services to homeless individuals in residential settings.

- Case management assistance applying for disability benefits utilizing the SOAR program.
- Housing support services to include:
  - Financial assistance with housing application fee;
  - Security and utilities deposits;
  - One time rental payments to prevent eviction;
  - Cost associated with moving expenses;
  - Basic living skills training to develop and/or enhance consumer skills for independent living.
- Another service provided to SMI homeless clients that aligns with SAMHSA's Strategic Initiative #4 is Representative Payee Services. This service is not a PATH funded service but provided in accordance with Section 1.6.3.1(a) (2) of the Social Security Act. The individual is a recipient under Title XVI of such act.
- In keeping with SAMHSA's Strategic Initiative # 3 on Military Families, The MHCMC as a whole provides services to all military members and family regardless of their duty status. These services are provided using both PATH and Non-PATH funds. As part of outreach services, case managers participate in the Annual Operation Stand-down Program in which military veterans are a priority. This program provides an one-stop shop for military veterans to receive community resources, abbreviated mental health screening as well as other services that encourage recovery. The Center will continue to work with the local housing authority to assist homeless veterans with accessing funds set aside for permanent housing.

**b. Gaps in current service systems**

- Affordable Housing—Lack of affordable low-income housing that is not located in higher crime areas.
- Background checks—Many PATH eligible clients often cannot pass a background check to access low income housing.
- Transportation—The metropolitan area of Huntsville continues to be limited due to insufficient routes and hours of the Public Transportation System.
- Jail and court systems--- the Center continues to narrow the gap between the jail and court system to coordinate services to incarcerated clients. The MHCMC has maintained a relationship with jail staff who informs us of clients who meet the definition of homeless as well as exhibits behavior that could be identified as a mental illness. Through our Mental Health Court Program, we work closely with the judges, defense attorneys, prosecutors, and families to ensure clients receive the necessary mental health services to help reduce further involvement in the criminal justice system. Case management provides education to jail staff on mental illness, medication management, and other linkage. We continue to work with the City of Huntsville Municipal and Madison County District Courts toward expanding the Mental Health Court Program.

c. Services available to clients who have both serious mental illness and substance use disorder:

- The MHCMC provides mental health treatment and substance abuse services to individuals who reside within the Madison County area. The services provided includes: outreach services, outpatient clinical services, day treatment, residential services, case management and outpatient substance abuse treatment. These services are offered to adults and children.
- The MHCMC's New Horizon Recovery Center (NHRC) offers an intensive outpatient substance abuse treatment for those clients diagnosed with a substance abuse/dependence disorder. The staff of the NHRC are trained to offer recovery and illness management to those clients who have been diagnosed with a co-occurring diagnosis. Referrals for residential treatment is made as needed and/or accepted by the client.
- The MHCMC's (NHRC) as well as case management staffs often refer
- homeless, dually diagnosed clients to the following local residential treatment programs: Downtown Rescue Mission Residential Substance Abuse Treatment Program, Salvation Army Residential Substance Abuse Treatment Program and Pathfinders Inc. A referral to these programs is two-fold: (1) immediate for temporary housing and treatment and (2) allows case management time to begin process of identifying other needed resources for more permanent housing.
- The MHCMC has a Enrichment Program that provides illness management for clients who may be homeless and/or lack resources. This treatment option is delivered in a group setting which meets several times a month which might be more than the average individual therapy session. We continue to look for ways to offer services that will promote recovery.
- The Center's Assertive Community Treatment (ACT), also offers a weekly group which focuses on Dually Diagnosed clients.
- It is the Center's intent that these services will help promote sustained recovery which could also assist with reducing the risk of homelessness.
- It is also noteworthy to mention the two largest homeless shelters in Madison County provides short-term residential substance treatment. With the relationship the Center has with these organizations, case managers continue to screen, link and refer individuals with mental illness to the Center for treatment of their mental illness.
- Consumers are also referred to other local substance abuse treatment facilities. AA, NA, and ALNON programs are also available in the community

d. Provider evidenced based practices and other training for PATH funded staff.

- The Center provides oversight for State Funded Evidence Based Supportive Housing Program which provides 12 scattered housing units within the community. This program has proven to be an effective recovery tool for PATH eligible clients.
- PATH funded staff are trained on SOAR. This will bring the total trained staff to three. With another staff trained, the Center hopes to increase the number of disability applications approved. With disability income, clients will have needed resources to obtain and maintain housing.
- PATH funded staff participated in 2011 Housing Works Conference which shared ideas on housing resources that has improved case managers ability to develop more resources.
- PATH funded staff continues to receive training in HMIS that includes training on program updates. HMIS is used to record and track homeless individuals to prevent service duplication from other agencies/organization, thereby improving resource management.

5. **Data:**

The Center continues to utilize HMIS to record demographical data on our homeless contacts. PATH eligible individuals are flagged as PATH within the HMIS system. With HMIS, members of NACH are able to share information on consumers to ensure appropriate service delivery to the homeless population thereby reducing duplication of services.

The MHCMC pays to maintain required licensure of 3 Outreach Services staff to access and input data into HMIS. The HMIS system is overseen by the North Alabama Coalition for the Homeless. At present, NACH is responsible for the training of identified staff to have privileges to access and input data into HMIS. The identified staff participates in a continuous training process to increase service delivery to clients.

Through continuous staff trainings and system updates, it is anticipated that in the future with limited access and safe guards in place, HMIS will be able to interface with the Center's electronic chart. This electronic interface will allow for concurrent updating of consumer contacts, referrals made for housing, mental health and substance services. Such an interface would also track whether or not referral was successful. While we continue to work on this electronic interface, the Center will begin the process of manually recording the success of a referral into HMIS. It is important to note the manual transfer of data has a margin of error. We anticipate the migration of PATH data into HMIS whether manually or electronically to be fully active in 1-2 years. Currently the Center tracks:

- Number of persons referred to and attaining housing
- Number of persons referred to and attaining mental health services
- Number of persons referred to and attaining substance abuse services

for the PATH annual report by manually reviewing our electronic client records.

**6. Access to Housing:**

In an effort to reduce homelessness of SMI clients, the Center operates and/or contracts with the following housing/residential programs:

- The MHCMC owns and operates (1) three residential group homes with a total capacity of 24 beds and (2) foster care facility with capacity of 17 beds. Residential placement is offered to homeless individuals who may require 24 hour supervision while receiving basic living skills training that can be used upon discharge back into the community for independent living.
- We operate a 55 bed Shelter Plus Care Program. This program allows for placement of homeless SMI clients into 1 or 2 bedroom apartment. Although this program receives funding via grant from the Huntsville Housing Authority (HHA), PATH eligible clients are given priority placement on the waiting list. Clients in this program are referred to HHA to complete application for low income housing within the community. It is also noteworthy to mention, we will use our partnership with the HHA to utilize set aside funding which has been earmarked for housing of homeless veterans. This partnership and earmarked funds aligns with SAMHSA's Strategic Initiative #3 on Military Families.
- The Center works in conjunction with the Huntsville Housing Authority and several local apartment managers to use Section 8 Vouchers for apartments which have been set aside for eligible SMI clients.
- The Center continues to contract for 12 foster home beds from Grandview Estates. Clients referred and placed in this facility are often being discharged from inpatient settings.
- The Center owns and operates an 8 bed Supportive Housing Program (Sunrise Gardens). This is an independent living situation in which 2 clients share an apartment.
- The Center contracts with The Malone Group (TMG) for 3 beds in an independent living situation.
- The Center provides oversight for State Funded Evidence Based Supportive Housing Program which provides for 12 scattered housing units within the community.
- VOA operates a 19 bed supervised apartment program in which the Center makes referrals to.

Case managers continue to refer to various shelters/missions for temporary lodging while they continue to link and refer to the Huntsville Housing Authority, local realtors and landlords to provide long term housing to the target population.

The Center continues to meet with local residents who express an interest in partnering/contracting with us to open Foster Care and Group Homes.

7. **Staff Information:**

**a. Demographics of staff serving clients:**

PATH Staff- Race/ethnic	
• African American	- 44.4 % (4)
• Caucasian	- 44.4% (4)
• European	- 11.1% (1)
PATH Staff -- Age	
• 18-34 years	- 22.2% (2)
• 35-49 years	- 55.5% (5)
• 50-64years	- 0%
• 65+years	- 22.2% (2)
PATH Staff --Gender	
• Male	- 33.3% (3)
• Female	- 66.6% (6)

**b. Cultural Sensitivity:**

The MHCMC continues to provide training that focus on differences of age, gender, and ethnicity. This training on cultural sensitivity ensures that not only are PATH funded employees are sensitive to these differences but all employees of the Center. Training is done formally and informally thru clinical supervision and the use of Essential Learning trainings. Essential Learning is a contracted internet training that the Center uses for all employees. To monitor the effectiveness of this training, the Center employs the use of Customer's Satisfaction Surveys which is completed by clients and/or family members. These surveys are conducted quarterly.

**c. Cultural Competency Training:**

As stated above, the Center remains vigilant with ensuring all staff receives training on cultural diversity. This training is done through Essential Learning. It is mandatory and is conducted annually.

8. **Client Information:**

With its steady growth, Huntsville remains the fourth largest city in Alabama. With this growth, there is also an increase in homeless population who has SMI and Co-Occurring illness.

Through our CoC, the 2012 Point in Time (PIT) count focused on those homeless individuals/families that were in emergency/transitional shelters rather than encampments. The PIT indicated there were approximately 432 homeless individuals/families in the Tri-County area (Madison, Limestone, and Morgan) in emergency/transitional shelters. The PIT count for 2012, also estimated there were 169 were unsheltered.



**a. Demographic of clients:**

As reported in the 2011 PATH Annual Report, the MHCMC case managers had contact through outreach and inreach services with approximately 327 PATH eligible clients. From this number 27 were enrolled for federally funded PATH. In addition to the newly enrolled 27 clients, there were 46 currently enrolled clients for a total of 73 enrolled clients. The following table highlights the demographics of the 73 PATH eligible enrolled clients:

<b>Gender</b>		<b>Ethnicity</b>				
<i>Male</i>	<i>Female</i>	<i>African American</i>	<i>Caucasian</i>	<i>Hispanic</i>	<i>Asian</i>	<i>Other</i>
50	23	26	47	0	0	0

Age ranges of those served are as follows:

<b>Age</b>	<b>Number served</b>
13-17 yrs.	0
18-34 yrs.	23
35-49 yrs.	28
50-64 yrs.	20
65-74 yrs.	2
75 yrs. and older	0
Unknown	0

**Mental Illness Diagnosis**

<b>Diagnosis</b>	<b>Number served</b>
Schizophrenia and Related Disorders	31
Other Psychotic Disorders	7
Affective Disorders	27
Other Serious Mental Illness	3
Unknown or undiagnosed	5

**Co-Occurring Substance Use Disorder:**

Co-Occurring Substance Use D/O	27
No Co-Occurring Substance Use D/O	45
Unknown If Substance Use D/O	1

**b. Projected number of adult clients to be contacted, enrolled, and % homeless:**

Using the PIT 2012 count for sheltered and unsheltered homeless individuals/families as well as the PIT 2011 count, it is projected that the MHCMC will have contact with approximately 200 homeless individuals/families through both in-reach and outreach efforts. Of this number, we anticipate enrolling approximately 50 for services. From the projected enrollment number, 100% of these clients will be **literally homeless**. PATH funding will be used for both in-reach and outreach services.

9. **Consumer and Family Involvement:**

The Center has created a MHCMC Advisory Committee which meets quarterly to discuss service delivery issues and how to make improvements. The Committee evaluates feedback from clients and their family members which is captured through quarterly customer surveys. It is important to note that these surveys are voluntary and can be completed by anyone visiting the Center or thru the MHCMC website. The Center also participates in the administering of the yearly MHSIP Consumer Satisfaction Survey. Recipients of PATH services are invited to participate in all survey options and provided assistance from PATH staff if requested.

10. **Budget Narrative for Huntsville (Madison County):**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Outreach Service Coordinator	\$46,859.00	.20	\$9,372.00	
Secretary	\$20,987.00	.10	\$2,099.00	
Psychiatrist	\$52,000.00	.10	\$9,260.00	
RN/LPN	\$43,680.00	.05	1,486.00	
Therapist	\$40,861.00	.10	\$4,086.00	
Case Manager II	\$22,173.00	.50	\$11,087.00	
Case Manager	\$2,922.00	.50	\$11,461.00	
<b>Salaries Total</b>				<b>\$48,851.00</b>
<b>Fringe Benefits</b>				<b>\$2,021.00</b>
<b>Travel</b>				<b>\$5000.00</b>
<b>Supplies</b>				
<b>Housing Support Services (Rental)</b>				<b>\$5000.00</b>
<b>Admin. Expense</b>				
<b>Staff Training</b>		1.55		<b>\$3000.00</b>

**Total PATH-Funded Expenses: \$63,872.00**

**Total PATH Match Expenses: \$21,291.00**

**Total PATH Expenses: \$85,163.00**

## **INTENDED USE PLAN 2012**

### **Indian Rivers Mental Health Center**

#### **1. Local Provider Description:**

Indian Rivers Mental Health Center is the commonly used name for a private, non-profit agency with the formal name of Mental Health Board of Bibb, Pickens and Tuscaloosa Counties, Inc. This agency serves as the 310 Board for Bibb, Pickens, and Tuscaloosa Counties. Indian Rivers is a community mental health center organized to provide comprehensive mental health services to individuals/families, children and adolescents with mental/behavioral health problems in these three counties. The agency partners with other human service and community entities to assess, plan, and implement efforts to address the needs of this population. Primary services provided to clients with mental illness, substance abuse/dependence and intellectual disabilities include assessment, care planning, psychiatric treatment, medication administration/monitoring, crisis intervention, individual/family/group therapy, residential placement/programming, case management, day programming and pre/post hospital screening.

The PATH Program serves consumers from 19 years of age through adulthood that are literally homeless or at risk of becoming homeless. In the 2010 Census Report, it showed that the three counties served by Indian Rivers have a combined population of 237,317. Bibb County has a total population of 22,915 with 12.2% below the poverty line. Pickens has a total population of 19,746 with 26.9% below the poverty line. Tuscaloosa County has a total population of 194,656 with 19.7% below the poverty line. We anticipate the total number of consumers to be contacted by Indian Rivers will be 125. Of those, approximately 20 % will be "literally" homeless.

The primary business address and spokesperson contact are:

Jim Reddoch, Executive Director  
2209 9th Street  
Tuscaloosa, AL 35401  
(205) 391-3131 Fax: (205)391-3135

The amount of PATH funds to be received is **\$56,796.00**. No federal PATH funds are distributed to other local organizations.

#### **2. Collaboration with HUD Continuum of Care Program:**

**The West Alabama Coalition to End Homelessness** (formerly known as CHALENG) is the official Advisory Council to the mayor of the city of Tuscaloosa and to the Chair of the Tuscaloosa County Commissioners on issues of Homelessness. This organization is recognized by HUD as Tuscaloosa's Continuum of Care Group for homeless funds. It is made up of representatives from all human service agencies serving homeless consumers as well as churches, volunteers, business and political representatives and consumers themselves. Indian Rivers' PATH case manager is an active member and participant in this group. Meetings of the council are held every month with sub-committees meeting more often for training, planning and development. Indian rivers' PATH case manager participates with this coalition in weekly community outreach. Also, Indian Rivers' PATH case manager partners with the coalition once

a month to conduct street outreach as well. Indian Rivers is committed to the CoC's goal of ending homelessness in Tuscaloosa.

**Tuscaloosa Mental Health Task Force** is a group of representatives from human service agencies, concerned citizens, business professionals, churches and consumers groups who have come together to organize the assessment, planning and advancement of services for seriously mentally ill consumers and their families. The Housing sub-committee is responsible for the partnership between Indian Rivers and Community Service Programs (CSP) in studying the options for applying for HUD monies for supportive housing projects. This committee and the Task Force have formally partnered by vote with CHALENG of Tuscaloosa to advocate for programs for MH consumers and to strengthen the Continuum of Care. Indian Rivers Executive Director and Clinical Director participate in the Task Force activities.

**3. Collaboration with Local Community Organizations:**

Indian Rivers Mental Health Center will provide an array of behavioral health services to eligible PATH clients and will work in a collaborative manner with other organizations in the community to address other client needs. The organizations include:

- Tuscaloosa Community Planning Department – a Community planning and development agency which provides leadership to all local agencies in development and application for grants for homelessness housing and support services.
- Maude Whatley Health Services – A medical health center for low income individuals in Indian River's catchment area. Maude Whatley Health Services has on staff a homeless case manager in addition to medical outpatient services and medications. They will accept Medicaid and Medicare and will defer fees for PATH clients without funds and will provide medication samples and patient assistance programs for medications to PATH clients. This agency has already partnered with Indian Rivers in outreach efforts and works with Indian Rivers' staff to provide services to clients in residential programs for MI, ID, and SA. Many of these clients meet the criteria for homelessness.

In addition, Maude Whatley provides medical and psychiatric services in the Tuscaloosa County Jail and collaborates with Indian Rivers to provide services and medication to those Indian Rivers clients who have been incarcerated. A large portion of these clients meet criteria for homelessness.

- West Alabama Aids Outreach – a non-profit organization which provides outreach, case management, housing subsidies and placement as well as medical clinics and medications for HIV positive and AIDS consumers in Indian Rivers area.
- Salvation Army – provides case management and social services to homeless individuals in Tuscaloosa but will serve other Indian River's counties if PATH providers bring consumers to Tuscaloosa. They also provide breakfast and supper daily to any homeless person who comes to center as well as lunch on weekends. They also provide vocational referrals. They operate a Transitional Housing Program for 8 Veterans, some of whom have

SMI and SA Diagnoses. It should be noted that the April 27, 2011 tornado destroyed the Salvation Army's shelter and at the current time has not relocated to a permanent location.

- Tuscaloosa Veterans Administration Hospital—Provides medical, dental, and vision services, psychiatric consults and counseling, medical/psychiatric medications, vocational development and job placement services, homeless services of housing placement and crisis intervention as well as community coordination, and some on-campus lodging services to homeless veterans. Indian Rivers PATH case manager in partnership with CHALENG participates in the Stand Down offered by the VA annually in an effort to provide services to homeless veterans. This event provides services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling and referrals to a variety of other necessary services such as housing, employment and substance abuse treatment.
- Housing Authorities of Tuscaloosa, Northport, Pickens and Bibb Counties – provide low-income housing, rental assistance, and housing counseling services to homeless consumers.
- Hannah Home – private, non-profit charity organization provides transitional housing, child care, case management and vocational development for homeless women and their children.
- Turning Point – private non-profit organization which provides emergency and transitional housing and support services including housing linkages, legal and counseling services to victims of domestic violence and rape.
- Tuscaloosa City Schools – provide social work unit and support programs for homeless children.
- Phoenix House – Housing, Substance Abuse Treatment and Support as well as job placement for homeless consumers with SA problems.
- Indian Rivers' A Woman's Place – This is a 14 day program for women with SA abuse or dependence. Many of the women accepted into this program are either "literally" homeless or at risk of homelessness at the time of their admission.
- Community Service Programs, Inc. – a community action program offering temporary emergency services of utility and rental assistance, funding for medications, clothing closet and food boxes as well as several low income housing options.
- Many local Churches offer programs of clothes closets, food boxes, rental and utility assistance and transportation.

- Alabama Department of Rehabilitation Services – offers vocational evaluation, training and placement as well as linkages to Easter Seals. Indian Rivers' Supportive Employment Program's services which are part of ADRS serves homeless consumers.
- Focus on Senior Citizens offers payee services for many seriously mentally ill or intellectually disabled consumers. In addition, transportation and day programming for elderly consumers is offered.
- Easter Seals – offers job placement, transportation, evaluation and training. Payee services are provided to many seriously mentally ill and intellectually disabled clients.
- The Good Samaritan Clinic – free clinic 1 ½ days a week available for homeless individuals. The clinic provides general health care with referral to specialists and limited medication assistance.
- Alabama Department of Human Resources- provides Medicaid, subsidies, income, and food stamps for eligible consumers.
- The Jesus Way Mission – a faith-based group providing housing for 8 homeless individuals and supportive services as well as outreach to homeless living in the abandoned houses in the West end of Tuscaloosa.
- House of Hope – a faith-based housing and work program for 8 men coming from prison who are homeless.
- New Wine Ministries – A faith-based service of support/counseling and work linkage and advocacy for SA consumers.
- Tuscaloosa County Jail working in collaboration with Indian Rivers is sponsoring a Mental Health Court Team that will allow for provisional release of clients with behavioral health needs into the community. These individuals will be assisted with housing and other community needs by an Indian Rivers' case manager. Their behavioral health needs will be assessed and services planned by an Indian Rivers' therapist.
- MedNet West—a Medicaid funded program to provide case management to Medicaid clients to assist with accessing services in the community
- University of Alabama in collaboration with Indian Rivers will provide psychological testing and treatment as indicated with a sliding scale fee for services.
- North Harbor Pavilion and DCH Hospital – provides psychiatric in-patient, emergency room medical and psychiatric assessment and in-patient medical treatment.

- Tuscaloosa Family Resource Center – a non-profit organization providing educational training, case management, and advocacy.
- Friendship House – a consumer-run drop-in site that provides socialization and educational/advocacy services.

#### 4. **Service Provision:**

##### **a. Alignment of Path funded services provided to priority population of literally and chronically homeless:**

Case management--assisting clients in the community by linking them to appropriate community resources. This may include assisting them with acquisition of disability benefits, food stamps, temporary housing, utility assistance, clothing and food, primary health care, educational services and vocational assistance. In addition, they will assess for behavioral health needs, schedule services through Indian Rivers, monitor for compliance, and provide crisis intervention when needed.

Outreach services—PATH staff will go to shelters, camps, soup kitchens, jail, streets, etc. to interview homeless individuals and determine needs that can be addressed through the PATH program. In these settings they will provide crisis stabilization, medication checks, and basic living skill training. They will participate in the Point in Time (PIT) survey to determine the level of need in the community. Indian Rivers will have one primary case manager who will coordinate these services, but may be assisted in this endeavor by members of our Mobile Crisis Team, SA Dual Dx Team, and Mental Health Court Team.

PATH funds will be utilized to assist clients with up-front costs needed to get them into housing (e.g. security deposits, first and last month's rent, utilities assistance, and household set-up costs). Funds will also be used to assist those with one time funding who may be in jeopardy of losing their housing due to inability to pay their rent.

Mental health and substance abuse services will be provided as indicated to include:

- Mental health and substance abuse assessments which are provided five days per week on a walk-in basis.
- Psychiatric evaluation and medication
- Individual and group therapy
- Basic living skills training to address independent living skill deficits
- Medication administration and medication acquisition
- Temporary housing with supports
- Referral to inpatient mental health or substance abuse programs if indicated
- Crisis response therapist available after hours, weekend, holidays.
- Mental Health Court Team response to help those in jail
- Substance Abuse Team to address needs of the dually diagnosed
- Mobile Crisis Team to be available 24/7 for clients in crisis



Indian Rivers will provide services to individuals in the military consistent with SAMHSA's Strategic Initiative #3 regarding Military Families. Military behavioral health services within the Tuscaloosa area are provided by the VA Hospital. Indian Rivers employees participate in the programs offered by the VA hospital as members of the coalition. Indian Rivers routinely works with VA staff when military clients need to be committed to in-patient treatment. Indian Rivers also serves on the Mental Health Task Force, crisis sub-committee. In this committee there are participants from the VA. The purpose is to provide crisis services to all community clients including those involved in the military. Veterans and their families will have full access to services at Indian Rivers if they are not covered by VA health care. This would include case management services as well as psychiatric evaluation and treatment, individual and group therapy, dual diagnosis services, SA services, temporary housing and nursing supports.

All services provided by Indian Rivers, to include PATH services, will provide services to individuals with mental health and substance use disorders consistent with SAMHSA's Strategic Initiative #4 regarding Recovery Support in the areas of Health, Home, Purpose, and Community. Services are described below:

Behavioral health services are offered by Indian Rivers to individuals who have a mental health or a SA diagnosis. These services are offered at a based-on- income fee schedule. Services can be initiated any day Monday through Friday with a walk-in policy. Once needed services are identified, clients are monitored for compliance, with staff contacting clients who fail to show for services scheduled. Clients, of course, have the option to decide at any time whether they want to discontinue certain services or discuss with a therapist services they wish to add.

Indian Rivers has established several treatment teams to work with clients to help with crisis, transition from hospitalization, and to help maintain stability in the community. These programs include:

- ACT Team—this is a team comprised of a case manager, a therapist, and a LPN. There is also a psychiatrist assigned to this team and the clients served. These staff see the clients in their home, providing services on- site. These clients are usually those with a serious mental illness who have a long history of non-compliance and decompensating, resulting in frequent hospitalizations. The goal is to keep the client stable, in their community, and out of the hospital
- Bridge Team—this is a team comprised of a case manager and a therapist who see clients that have been in the hospital and are at great risk for relapse without assistance to help them acquire meds, learn how to take meds appropriately, learn how to manage the requirements of independent living, and take responsibility for self-monitoring of their illness.
- Discharge Team—this team is comprised of a case manager and a therapist who see all clients as they get out of the hospital. This team will see the client at the agency and in the client's home. They will arrange other services at Indian Rivers through a variety of providers.
- Mental Health Court Team—this team is comprised of a case manager and a therapist who will see clients in the jail who have a history of mental health treatment or are

demonstrating symptoms while in jail. The team will evaluate the clients to see if they are eligible for conditional release. If so, the team will then follow in the community making sure they are compliant with medications and treatment at Indian Rivers for the length of the conditional release. While waiting for this release, the team will make sure the client is being assessed for medications while in the jail.

- Mobile Crisis Team—this team is comprised of a case manager and a therapist who will primarily see clients in crisis and continue to treat them for a short period of time until they can stabilize enough to participate in other outpatient or residential services.
- SA Team—this team is comprised of a case manager and a therapist who will monitor dually diagnosed clients in the community who are in crisis or who have a history of non-compliance and relapse. The length of stay will be determined by the client's needs.
- The Mental Health Court Team as described above will work with individuals from the jail to engage them in programs for training and education if indicated. If the clients qualify for this program and they complete the requirements, then their current charges will be dropped. This may prevent legal charges from interfering with housing and educational endeavors.

Housing assistance is provided by the offering of Shelter + vouchers for appropriate individuals with supporting case management. In addition, Indian Rivers offers EBP Housing that provides for financial assistance in acquiring permanent housing and case management support to successfully transition into the community. Indian Rivers also has 29 apartment beds through Supported Housing which provides for on-site staff that provides medication assistance and basic living skills to promote independent living.

Case Management in all programs, MI and SA, focus on getting clients connected to programs that will assist with training for jobs in the community or for completing their education. Case management will continue to support these clients while in pursuit of these programs.

Indian Rivers has a Peer Support Specialist who works with clients to help them apply for benefits, apply for medication assistance, and access services in the community.

Indian Rivers has a Consumer Needs Committee that has consumer representation to address concerns of our consumers. This committee reports directly to the Administrative team.

Indian Rivers has consumer representation on our Human Rights Committee that reviews rights concerns that involve our clients.

**b. Gaps in service:**

- Affordable housing is limited in Tuscaloosa due to the tornado in 2011 when many low-income housing complexes were lost. Those that remain available are in high crime areas with high levels of illegal drug use.
- There are limited shelter beds for temporary housing in Tuscaloosa

- Public transportation is limited to the city limits of Tuscaloosa only. Tuscaloosa County is large and much of the population served and many of the homeless are outside the city limits.
- Medical and dental services are extremely limited for those who have little or no income.
- Acute care and crisis psychiatric beds are limited. Those that acquire these beds are unable to stay until a level of stability is noted.
- Housing for Forensic populations is not available
- Section 8 vouchers – waiting list is sometimes 2 years long. Currently, these vouchers are on hold making it difficult for new applicants. Prior to the tornadoes the Tuscaloosa Housing Authority was no longer accepting any new applications.
- Indian Rivers has been fortunate to have 10 Shelter + vouchers that can be used for housing
- Background checks for SMI Consumers preclude many PATH consumers from accessing low income housing.
- Transitional Housing with support services is limited
- Supportive permanent housing opportunities are limited

c. Services for dually diagnosed clients include

- Indian Rivers provides dual diagnosis programming that will include assessment, case management, psychiatric services, crisis intervention, individual and group therapy, medication monitoring and administration if indicated.
- Referral to inpatient treatment for SA treatment or MI treatment
- Indian Rivers offers A Woman's Place residential facility for women with SA issues that may be complicated by the diagnosis of a serious mental illness.
- Indian Rivers' Child and Family Services offer parenting classes and preventative services and individual/family/group treatment to children with SED and SA problems. They are offering a 2-week summer program for children which will include some co-occurring services.
- Bradford Health Services, a private, for-profit company offers limited free services to non-insured clients and are very supportive of community wide efforts to serve individuals who are dually diagnosed. Free services include assessments, referral to inpatient programs, free support groups and free consultations to other SA programs.

- Phoenix House – a half-way house community program has 25 transitional beds for homeless SA clients and is now accepting more SMI /SA clients.
- Maude Whatley/West Alabama Aids Outreach - offer free HIV/AIDS testing, education, temporary housing, permanent housing, placement in half-way houses and hospices for individuals with HIV/AIDS -some of whom have SA/SMI issues.
- North Harbor will admit, stabilize and link dually diagnosed clients with follow-up services.
- Tuscaloosa VA Medical Center offers a PACT Team, in-patient, outpatient, vocational, case management, supportive group therapy and boarding home programs to dually diagnosed veterans.
- There are a host of AA, NA and ALANON programs available in the community.
- Hannah Home, Turning Point, House of Hope and Jesus Way shelter all refer SMI/SA clients to services and provide transportation and support.
- Salvation Army has an 8 bed Transitional Housing Program for Veterans with SMI/SA and offer rehabilitation and support groups, along with vocational training and placement. Current shelter has been destroyed by recent tornado and shelter has temporarily moved to Northport, AL.

**d. Evidence-based practices and training.**

Indian Rivers supports staff by allowing them educational leave to attend conferences that provide them with the appropriate information to treat our entire population, many of whom meet PATH criteria. Below are a few of the program they attend:

- Alabama Council of Community Mental Health Boards Annual Conference
- Alabama Alliance to End Homelessness
- SSI/SSDI Outreach, Access, Recovery Training
- Annual In-services: Target Population, Consumer Rights, Crisis Intervention
- A National Homelessness Conference
- Substance Abuse training programs

Indian Rivers has utilized evidence-based programming/curriculum (Illness Monitoring and Recovery) in outpatient services and has Utilized the Matrix curriculum in SA Intensive Outpatient and SA residential programs. Currently utilizing a evidence-based housing program. Some of these evidenced-based programs have been sponsored or supported by the Alabama Department of Mental Health. Others, Indian Rivers administration thoughts were beneficial and purchased and trained as was indicated.

Indian Rivers initiated the HMIS system in Tuscaloosa in 2009. This has since been transferred to the City of Tuscaloosa to manage. New staff need to train on this program to ensure appropriate data is submitted. This training will be part of the PATH training and funded by PATH.

**5. Data:**

Strategies to incorporate PATH data into HMIS. The city of Tuscaloosa manages the Homeless Management Information System (HMIS) for our local Continuum. Homeless Case Manages will complete an 8 hour training on HMIS system by July 2012. The Clinical Director for Indian Rivers is currently working with the HMIS administrator to have PATH cases identified as such and to ensure PATH required data is being captured in the current HMIS program. Indian Rivers communicates with the Alabama State PATH Contact as to progress in this area.

Indian Rivers is fortunate to have electronic medical records that can allow for HMIS information gathering and transfer to the HMIS system. Indian Rivers has been live since September 23, 2009. New staff will need to be trained in the HMIS submission. Our current electronic medical record allows for identification of those clients who are enrolled in the PATH program. Therefore, collecting data about their enrollment and participation in either mental health or substance abuse services is easily identified. Reports are available on request.

**6. Access to Housing:**

Tuscaloosa Housing Authority receives a grant for Shelter Plus Care from HUD. Indian Rivers receives 10 of these vouchers. Indian Rivers also received an additional 10 vouchers that had not been utilized by other agencies. The vouchers provide for 5 years of Section 8 housing assistance for Homeless SMI clients. The strategy is that THA will continue with this process and the CoC will continue to make permanent housing its # 1 priority.

Along with Tuscaloosa Housing Authority, Indian Rivers continues to work to streamline the Section 8 application process. They have shown increased cooperation with Indian Rivers and mental health providers in this area. This is part of an on-going strategy to have a more client-oriented process in place to access permanent housing options for clients.

The Tuscaloosa Mental Health Task Force's Housing Committee has adopted several strategies to make suitable housing available for all SMI clients in the community of Tuscaloosa. The Task Force has formally joined the local Continuum of Care as an advocate for SMI housing concerns. They have formally endorsed the CoC's HUD homeless grants proposed. The Housing Committee of the Mental Health Taskforce has formulated a case management manual which details available housing in Tuscaloosa and identifies which landlords will waive deposits and show willingness to work with SMI populations. They have formally supported the efforts in other areas such as Birmingham to have boarding homes which serve SMI clients subject to routine health and safety inspections.

Indian Rivers has a 10 unit apartment complex in Tuscaloosa. The complex houses Indian Rivers' clients with SMI and these clients have been linked with Tuscaloosa Housing Authority for Section 8 benefits. In addition, Indian Rivers offers case management/BLS/crisis intervention as well as general monitoring. Indian Rivers has purchased an apartment complex in Pickens County, AL to make housing available there to those who require low income housing. Another complex has been purchased in Tuscaloosa that is managed by Indian Rivers and available for use by PATH eligible clients.

Indian Rivers has continued to implement the Homeless Management of Information System with the goal of the system being collection of data regarding services provided utilizing PATH funds.

## 7. Staff Information

### a. Staff Demographics:

PATH Staff- Race	
• African American	- 60 %
• Caucasian	- 33%
• Middle Eastern	- 17%
PATH Staff – Age	
• 18-34 years	- 40%
• 35-49 years	- 40%
• 50-64years	- 0%
• 65-74years	- 0%
PATH Staff –Sex	
• Male	- 10%
• Female	- 90%

### b. Cultural Sensitivity:

PATH staff works collaboratively and thru formal and informal clinical supervision to ensure consumers are treated with dignity and respect. Each case may be staffed to assist the individual in finding housing in areas where specific consumers will be more comfortable related to their cultural preferences. Training is provided to ensure services are delivered in a manner sensitive to any differences/preferences of those served. Indian Rivers is evaluated on performance satisfaction using a statewide Consumer and Family Satisfaction Survey. Additionally, Indian Rivers gives every client served by the agency a questionnaire when they present for services that solicits feedback about the staff and the services provided. This feedback is designed to determine if the agency and staff are meeting the individual's needs.

### c. Cultural Competency Training:

Indian Rivers will support the PATH Case manager attending local, state, and national conferences regarding care for the homeless. The annual conferences held by State Mental Health Council and State Substance Abuse Programs provide workshops in racial/cultural diversity that PATH staff attend. Indian Rivers plans to have our homeless case manager, as well as the staff from our specialty teams participate in SOAR training during FY 2012-2013.

## 8. Client Information:

### a. Client Demographics:

Indian Rivers PATH Annual Report Survey, 2011 (Actual Number)		
African American: 40	Caucasian: 36	Hispanic: 0
Other/Undetermined: 1		
PATH - Ages (PATH Annual Report Survey, 2011)		
Less than 13 years: 0		
13-17 years: 0		
<ul style="list-style-type: none"><li>• 18-34 years: 22</li><li>• 35-49 years: 30</li><li>• 50-64 years: 25</li><li>• 65-74 years: 0</li><li>• Unknown: 0</li></ul>		
PATH - Sex (PATH Annual Report Survey, 2011)		
<ul style="list-style-type: none"><li>• Female: 42</li><li>• Male: 35</li></ul>		

### b. Projected number of adult clients to be contacted, enrolled, and % homeless:

We are projecting approximately 125 consumers to be contacted in the 2012-2013 with a projected enrollment of 50 year with approximately 20% being “literally” homeless.

The number to be served is based on the 2012 Point in Time Survey that indicated 267 individuals in Tuscaloosa’s Continuum are homeless. Of that number, 228 were homeless heads of households, some living with children. There were 31 children who were under the age of 17 living with a homeless parent or guardian. There were only 41 of the 228 that were actually living in unsheltered sites or on the streets. While not all of these individuals will be served through PATH enrollment, increased outreach to ensure appropriate individuals become enrolled in PATH is extremely important this fiscal year.

## 9. Consumer Involvement:

Persons who are homeless with SMI diagnoses and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH funded services.

- NAMI representatives are present during State Monitoring visits.
- Clients are assessed for all needs and satisfaction with available services in a yearly Point-in-Time Survey.
- Clients attend the monthly West Alabama Coalition to End Homelessness meetings and Housing Sub-Committee meetings.
- Volunteers will be invited to assist with the yearly homeless survey.
- No staff are or have been homeless

Indian Rivers has forged many strong ties with the consumer movement in Tuscaloosa.

NAMI – This group has a strong participation and leadership role in the Community Mental Health Task Force which has already been described.

There are consumers and family members who attend both the Housing Sub-Committee of the Task Force and West Alabama Coalition to End Homelessness meetings. Indian Rivers' # 1 Goal in their Strategic Plan is focused on providing better services to consumers and their families and consumer involvement in all facets of service provision.

Advocates work with Indian Rivers' staff and consumers to conduct Consumers Satisfaction Surveys, to help assess service gaps and problems as well as what is working well. Indian Rivers also participates in the State Consumer Satisfaction Survey to assist in identifying ways to provide the best care and services to our consumers.

PATH consumers are involved with the Indian Rivers' Consumer Needs Committee. The committee acts in an advisory capacity to the Indian Rivers' Executive Director in areas of program planning and development. We also have a certified Peer Support Specialist on staff who chairs the Committee.

Indian Rivers offers financial assistance for and is supportive of consumers' attendance at local and State Consumer Conferences.



**10. Budget Narrative for Indian Rivers:**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$48,000	.05	\$2,392.00	
Clerk	\$17,680	.00	\$0.00	
Psychiatrist	\$191,300	.025	\$4,784.00	
LPN/RN	\$31,200	.05	\$1,872.00	
Therapist	\$30,000	.20	\$6,000.00	
Case Manager	\$21,840	1.0	\$21,840.00	
Case Manager	\$21,840	.20	\$4,368.00	
<b>Case Manager</b>	\$21,840	.05	\$1,074.00	
<b>Salaries Total</b>				<b>\$42,330.00</b>
<b>Fringe Benefits</b>				<b>\$6,966.00</b>
<b>Travel</b>				<b>\$2,000.00</b>
<b>Supplies</b>				\$500.00
<b>Housing Support Services (Rental)</b>				<b>\$5000.00</b>
<b>Admin. Expense</b>				
<b>Staff Training</b>		1.575		<b>\$0.00</b>

**Total PATH-Funded Expenses: \$56,796.00**

**Total PATH Match Expenses: \$18,932.00**

**Total PATH Expenses: \$75,728.00**

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to

all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

## **LIST of CERTIFICATIONS**

### **1. CERTIFICATION REGARDING LOBBYING**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

### **2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

### **3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

## Appendix D: Agreements

FISCAL YEAR 2012

### PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

#### AGREEMENT

I hereby certify that the State of Alabama agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including
  - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to

daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;

- Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - Referring the eligible homeless individual for such other services as may be appropriate; and
  - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- 
- Supportive and supervisory services in residential settings;
  - Referrals for primary health services, job training, education services and relevant housing services;
  - Housing services [subject to Section 522(h)(1)] including
    - Minor renovation, expansion, and repair of housing;
    - Planning of housing;
    - Technical assistance in applying for housing assistance;
    - Improving the coordination of housing services;
    - Security deposits;
    - The costs associated with matching eligible homeless individuals with appropriate housing situations;
    - One-time rental payments to prevent eviction; and
    - Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

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Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended
  - To support emergency shelters or construction of housing facilities;
  - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
  - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement



- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
  - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
  - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2013, prepare and submit a report providing such information as is necessary for

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2012 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

**Charitable Choice Provisions:**

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Robert Bentley  
Governor

May 15, 2012  
Date

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> b. a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action</b> <input checked="checked" type="checkbox"/> b. a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> <input checked="checked" type="checkbox"/> a. a. initial filing b. material change <b>For Material Change Only:</b> Year _____ Quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ N/A Alabama Department of Mental Health 100 North Union Street, RSA Union Building Montgomery, AL 36130-1410 Congressional District, if known: 1 <sup>st</sup> , 2 <sup>nd</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup>			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known: _____		
<b>6. Federal Department/Agency:</b> SAMHSA			<b>7. Federal Program Name/Description:</b> PATH  CFDA Number, if applicable: 93-150		
<b>8. Federal Action Number, if known:</b> RFA#SM-12-F2			<b>9. Award Amount, if known:</b> \$ 586,000.00		
<b>10.a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI): None			<b>b. Individuals Performing Services</b> (including address if different from No. 10a.) (last name, first name, MI): None		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			Signature: <u>Zelia Baugh</u> Print Name: <u>Zelia Baugh</u> Title: <u>Commissioner</u> Telephone No.: <u>334-242-3640</u> Date: _____		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

## Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

### Project/Performance Site Primary Location

Organization Name: Jefferson-Blount St. Clair Mental Health Authority

DUNS Number: N/A see 424 form

\* Street1: 940 Montclair Road

Street2:

\* City: Birmingham County: Jefferson

\* State: Alabama

Province:

\* Country: USA

\* ZIP / Postal Code: 35213 \* Project/Performance Site Congressional District: AL-06

### Project/Performance Site Location 1

Organization Name: AltaPointe Health Systems, Inc.

DUNS Number: N/A see 424 form

\* Street1: 5750-A Southland Drive

Street2:

\* City: Mobile County: Mobile

\* State: Alabama

Province:

\* Country: USA

\* ZIP / Postal Code: 36693 \* Project/Performance Site Congressional District: AL-01

### Project/Performance Site Location 2

Organization Name: Montgomery Area Mental Health Authority  
DUNS Number: N/A see 424 form  
\* Street1: 111 Coliseum Blvd.  
Street2:  
\* City: Montgomery County: Montgomery  
\* State: Alabama  
Province:  
\* Country: USA  
\* ZIP / Postal Code: 36109 \* Project/Performance Site Congressional District: AL-02

**Project/Performance Site Location 3**

Organization Name: Mental Health Center of Madison County  
DUNS Number: N/A see 424 form  
\* Street1: 4040 South Memorial Parkway  
Street2:  
\* City: Huntsville County: Madison  
\* State: Alabama  
Province:  
\* Country: USA  
\* ZIP / Postal Code: 35802 \* Project/Performance Site Congressional District: AL-05

**Project/Performance Site Location 4**

Organization Name: Indian Rivers Mental Health Center  
DUNS Number: N/A see 424 form  
\* Street1: 3701 Loop Road East  
Street2:  
\* City: Tuscaloosa County: Tuscaloosa  
\* State: Alabama  
Province:  
\* Country: USA  
\* ZIP / Postal Code: 35403 \* Project/Performance Site Congressional District: AL-07

Checklist (State PATH Contact signature)

# CHECKLIST

OMB Approval No. 0890-0317

Expiration Date: 08/31/2010

**Public Burden Statement:** Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

## PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- |  | Included                            | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) .....   | <input checked="" type="checkbox"/> |                                     |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) |                                     |                                     |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....   | 9/91                                |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....   | 9/91                                |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....  | 6/93                                |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91) .....  | 6/93                                |                                     |
| 3. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- |  | YES                                 | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....  | <input checked="" type="checkbox"/> |                                     |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? .....   | <input checked="" type="checkbox"/> |                                     |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? ..... | <input checked="" type="checkbox"/> |                                     |
| 6. Has the 12 month narrative budget justification been provided? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? .....                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: MS. First Name: Koye Middle Name:

Last Name: Adedokun

Suffix:

Title: Chief Financial Officer - Interim

Organization: Alabama Department of Mental Health

Street1: 100 North Union Street, RSA Union Bldg.

Street2:

City: Montgomery

State: AL ZIP/Postal Code: 36130 ZIP/Postal Code4:

Email Address: koye.adedokun@mh.alabama.gov

Telephone Number: 334-242-3996 Fax Number: 334-353-7005

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Ms. First Name: Jessica Middle Name: L.

Last Name: Hales Suffix:

Title: Coordinator of Adult MI Services

Organization: Alabama Department of Mental Health

Street1: 100 North Union Street, RSA Union Bldg.

Street2: Suite 420; MH/SA Division

City: Montgomery

State: AL ZIP/Postal Code: 36130 ZIP/Postal Code4: 1410

Email Address: jessica.hales@mh.alabama.gov

Telephone Number: 334-242-3229 Fax Number: 334-242-3025